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ABSTRACT

The 1985 update addresses New Jersey's plans for services to people with developmental disabilities. In a question and answer format, the manual focuses on the following topics: definitions and impact (incidence); the state planning council on developmental disabilities (council members and staff); the administering agency for the developmental disabilities program (calendar of procedures); the state context--making up half of the document--(scope of services, descriptions of nine public agencies); council goals, objectives, activities and budget (maximum coordination of existing resources and program coordination service); and state assurances (statutory statements that the plan will be fulfilled). (CL)

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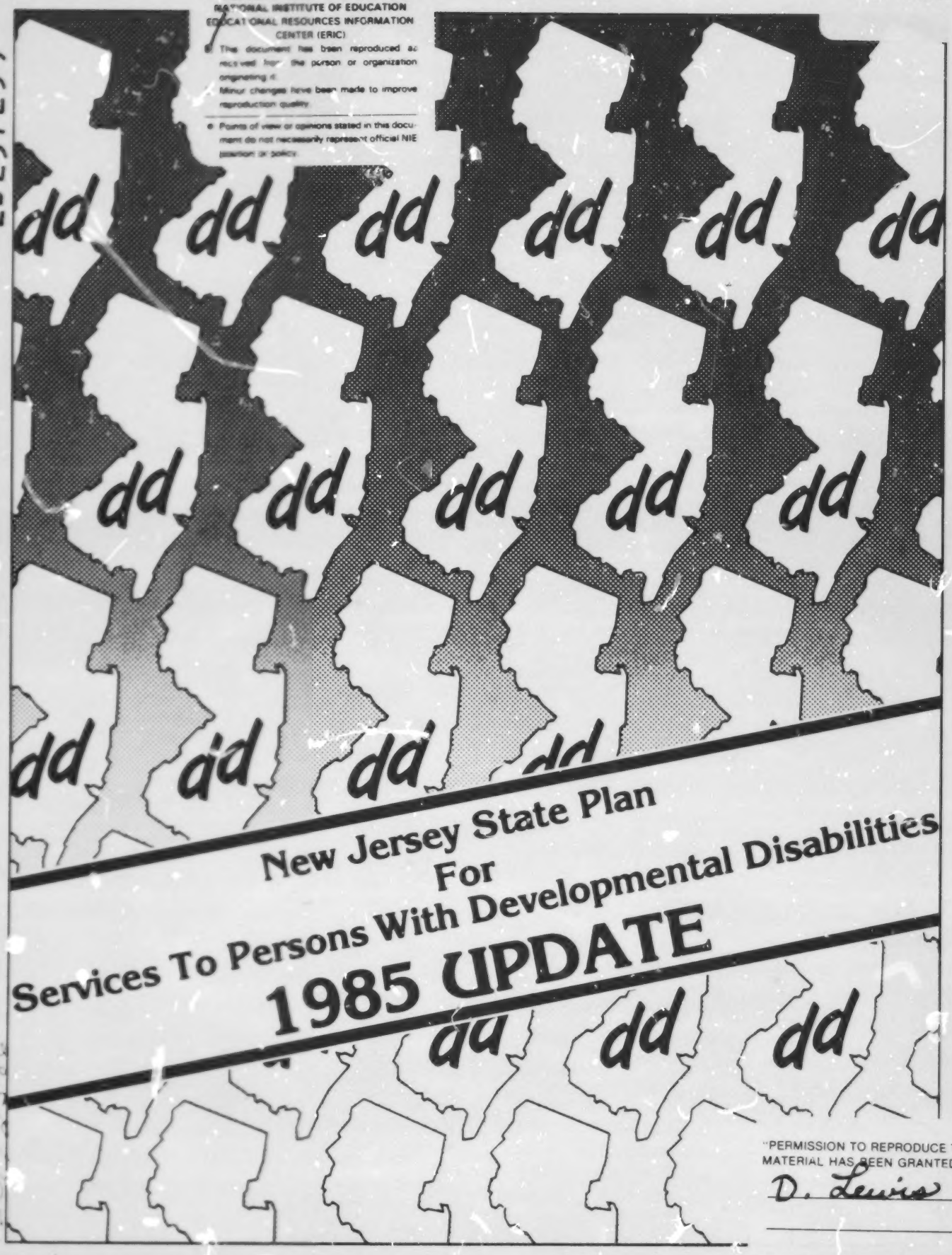

New Jersey State Plan For Services To Persons With Developmental Disabilities 1985 UPDATE

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NEW JERSEY
STATE PLAN FOR SERVICES TO PERSONS WITH DEVELOPMENTAL DISABILITIES
1985 UPDATE

EC172506

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Section I:

Developmental Disabilities Definition and Impact

1.1 What are developmental disabilities?

Developmental Disabilities are severe, chronic mental and/or physical impairments which occur at an early age, are likely to continue indefinitely, and have a pervasive effect on an individual's functional abilities and need for services.

In Public Law 98-527, the Developmental Disabilities Assistance and Bill of Rights Act, Congress stated its findings as follows:

1. There are more than two million persons with developmental disabilites in the United States.
2. Individuals with disabilities occurring during their developmental period are more vulnerable and less able to reach an independent level of existence than other handicapped individuals who generally have had a normal development period on which to draw during the rehabilitation process.
3. Persons with developmental disabilities often require specialized lifelong services to be provided by many agencies in a coordinated manner in order to meet the person's needs.
4. General service agencies and agencies providing specialized services to disabled persons tend to overlook or exclude persons with developmental disabilities in their planning and delivery of services.
5. It is in the national interest to strengthen specific programs, especially programs that reduce or eliminate the need for institutional care, to meet the needs of persons with developmental disabilities.

The Congressional findings pointed out the need for each state to work toward the development of a coordinated, comprehensive service delivery system for its developmentally disabled citizens. Public awareness and advocacy activities were emphasized to ensure that services which were available to developmentally disabled persons were being utilized to the greatest extent possible.

1.1.1 The federal definition of "developmental disability"

Public Law 98-527, as amended, defines a developmental disability as:

"A severe, chronic disability of a person which

a. is attributable to a mental or physical impairment or combination of mental and physical impairments;
b. is manifested before the person attains age twenty-two;
c. is likely to continue indefinitely;
d. results in substantial functional limitations in three or more of the following areas of major life activity;

—self care
—receptive and expressive language
—learning
—mobility
—self-direction
—capacity for independent living, and
—economic self-sufficiency; and

e. reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated." (Section 102(7)).

The definition of developmental disabilities contained in P.L. 95-602 and P.L. 98-527, the Developmental Disabilities Act Amendments of 1984 marks a shift from the definition contained in the earlier developmental disabilities laws, P.L. 91-519 and P.L. 94-103. The Developmental Disabilities Act Amendments of 1978 (P.L. 95-602) no longer make specific mention of the previously used diagnostic categories: mental retardation, epilepsy, cerebral palsy, and dyslexia, as it is related to and associated with the other conditions previously given.

The functional definition emphasizes that in order for a person to be considered developmentally disabled he, or she, must be substantially handicapped. This is further reiterated in the requirement that an individual must be substantially impaired in at least three areas of major life activity. It should be pointed out, however, that the concept of substantiality is age specific. That is, a person's ability to function in a particular area of major life activity should be compared to what can generally be expected for a person of his/her age. For example, infants cannot reasonably be expected to have self-care skills, and school-age children are not expected to be economically self-sufficient. The range of functional areas in which impairment can be manifested or assessed varies with the age of the individual in question. This is particularly problematical in terms of very young children whose functional abilities, as defined in the Developmental Disabilities Act Amendments, cannot be measured, except perhaps in the area of mobility.

Under the functional definition, no one is necessarily developmentally disabled just because of a particular diagnosis. The definition reflects the common problems shared by all developmentally disabled people, regardless of medical cause. Although different medical conditions may manifest themselves in any number or combination of functional disabilities, all developmentally disabled persons share a need for long-term individualized treatment services and the fact that their disability occurred prior to age twenty-two. The requirement that the individual be substantially handicapped prior to adulthood reflects the assumption that a person who is handicapped in childhood will experience more than average difficulty in acquiring the skills necessary for functioning as an independent adult in society.

The definition of a developmental disability includes persons previously eligible for services under the 1975 definition and extends eligibility to others who are not diagnosed as having autism, cerebral palsy, dyslexia, mental retardation or epilepsy, but who have some physical and/or mental impairment which meets all the other eligibility criteria specified in the law. The following additional conditions should be considered as potentially developmentally disabling:

a. severe emotional disturbances such as childhood psychosis and childhood schizophrenia;
b. severe physical impairments associated with conditions such as spina bifida, muscular dystrophy, tuberous sclerosis and osteogenesis imperfecta;
c. multiple handicaps such as deaf-blindness, mental retardation with an orthopedic handicap, or other combinations of handicaps, and
d. severe learning disabilities.[1]

Of course, this list is not all-inclusive, and any individual who has any of these conditions must also meet the criteria regarding severity, chronicity and age of onset to be considered developmentally disabled.

To provide a better understanding of the types of functional limitations referred to in the developmental disabilities definition, provided below is an operational definition for each area of major life activity and the corresponding functional limitations which would result.

[1] *The Modified Definition of Developmental Disabilities: An Initial Exploration*, Elinor Gollay, Morgan Management Systems, Inc., March 1979.

OPERATIONAL DEFINITION OF A DEVELOPMENTAL DISABILITY

ACTIVITY	DEFINITION OF ACTIVITY*	DEFINITION OF SUBSTANTIAL FUNCTIONAL LIMITATION FOR AN INDIVIDUAL**
SELF-CARE	Daily activities which enable a person to meet basic needs for food, hygiene and appearance.	A person who has a long-term condition which requires that person to need significant assistance to look after personal needs such as food, hygiene and appearance. Significant assistance may be defined as assistance at least one-half of the time for one activity or a need for some assistance in more than one-half of all activities normally required for self-care.
RECEPTIVE AND EXPRESSIVE LANGUAGE	Communication involving both verbal and non-verbal behavior enabling the individual both to understand others and to express ideas/information to others.	A person who has a long-term condition which prevents that person from effectively communicating with another person without the aid of of a third person, a person with special skill or with a mechanical device, or a long term condition which prevents him/her from articulating his thoughts.
LEARNING	General cognitive competence and ability to acquire new behaviors, perceptions and information, and to apply experiences in new situations.	A person who has a long-term condition which seriously inteferes with cognition, visual or aural communication, or use of hands to the extent that special intervention or special programs are required to aid that person in learning.
MOBILITY	Motor development and ability to use fine and gross motor skills. Ability to move one's person from place to place with or without mechanical aids.	A person who has a long-term condition which impairs the ability to use fine and/or gross motor skills to the extent that assistance of another person and/or mechanical device is needed in order for the individual to move from place to place.
SELF-DIRECTION	Management and taking control over one's social and personal life. Ability to make decisions affecting and protecting one's own interests.	A person who has a long-term condition which requires that person to need assistance in being able to make independent decisions concerning social and individual activities and/or in handling personal finances and/or protecting his/her own self-interest.
CAPACITY FOR INDEPENDENT LIVING	Age appropriate ability to live without extraordinary assistance from other persons, especially to maintain normal societal roles.	A person who has a long-term condition that limits the person from performing normal societal roles or which makes it unsafe for that person to live alone to such an extent that assistance, supervision or presence of a second person is required more than half the time.
ECONOMIC SELF-SUFFICIENCY	Maintaining adequate employment and financial support. Ability to earn a "living wage," net, after payment of extra-ordinary expenses occasioned by the disability. Absence of dependence on family or welfare for financial support.	A person who has a long-term condition which prevents that person from working in regular employment or which limits his or her productive capacity to such an extent that it is insufficient for self-support.

1.2 How many people have developmental disabilities?

While no survey which would count the actual number of developmentally disabled persons has been performed in New Jersey, estimates and projections have been developed based on a report done expressly for New Jersey by Gollay and Associates, Inc., of Santa Fe, New Mexico. This paper, *Estimates of the Size and Characteristics of the Non-Institutionalized Developmentally Disabled Population in New Jersey,* was based upon the 1976 Survey of Income and Education (SIE) compiled by the United States Bureau of the Census.

TABLE 1-1

SUMMARY OF DD POPULATION BY AGE GROUPS
PLAN YEAR 1984

Geographic Subdivision / County	State Population		Total State DD Population		DD POPULATION BY AGE GROUPS—PLAN YEAR 1984											
					AGE GROUP Infants (0-2)		AGE GROUP Pre-School (3-4)		AGE GROUP School Age (5-17)		AGE GROUP Adult DD (18-21)		AGE GROUP Adult DD (22-64)		AGE GROUP Senior Citizens DD (65+)	
	Total	Total Minority Population	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
STATE TOTAL	7,364,823	1,729,239	75,650	100	1,990	100	1,300	100	42,470	100	3,790	100	12,430	100	13,670	100
ATLANTIC	194,119	46,678	1,970	2.6	50	2.6	40	2.6	1,100	2.6	100	2.6	320	2.6	360	2.6
BERGEN	845,385	89,065	8,670	11.5	230	11.5	140	11.5	4,860	11.5	430	11.5	1,440	11.5	1,570	11.5
BURLINGTON	362,542	64,213	3,700	4.9	100	4.9	60	4.9	2,080	4.9	180	4.9	610	4.9	670	4.9
CAMDEN	471,650	109,031	4,840	6.4	130	6.4	80	6.4	2,720	6.4	240	6.4	800	6.4	870	6.4
CAPE MAY	82,266	7,318	820	1.1	20	1.1	10	1.1	470	1.1	50	1.1	140	1.1	150	1.1
CUMBERLAND	132,866	41,679	1,360	1.8	40	1.8	20	1.8	760	1.8	70	1.8	220	1.8	250	1.8
ESSEX	851,116	445,507	8,770	11.6	230	11.6	160	11.6	4,920	11.6	440	11.6	1,440	11.6	1,580	11.6
GLOUCESTER	199,917	22,043	2,040	2.7	50	2.7	40	2.7	1,150	2.7	100	2.7	330	2.7	370	2.7
HUDSON	556,972	276,844	5,750	7.6	150	7.6	100	7.6	3,230	7.6	290	7.6	940	7.6	1,040	7.6
HUNTERDON	87,361	2,867	910	1.2	20	1.2	20	1.2	510	1.2	50	1.2	150	1.2	160	1.2
MERCER	307,863	76,346	3,180	4.2	80	4.2	50	4.2	1,800	4.2	160	4.2	520	4.2	570	4.2
MIDDLESEX	595,893	96,057	6,130	8.1	160	8.1	110	8.1	3,440	8.1	300	8.1	1,010	8.1	1,110	8.1
MONMOUTH	503,173	66,829	5,140	6.8	140	6.8	80	6.8	2,890	6.8	260	6.8	840	6.8	930	6.8
MORRIS	407,630	30,483	4,160	5.5	110	5.5	70	5.5	2,340	5.5	210	5.5	680	5.5	750	5.5
OCEAN	346,038	22,505	2,560	4.7	100	4.7	60	4.7	2,000	4.7	180	4.7	580	4.7	640	4.7
PASSAIC	447,585	155,912	4,690	6.2	130	6.2	80	6.2	2,630	6.2	230	6.2	770	6.2	850	6.2
SALEM	64,474	11,692	660	.87	20	.87	10	.87	370	.87	30	.87	110	.87	120	.87
SOMERSET	203,129	18,665	2,120	2.8	60	2.8	40	2.8	1,180	2.8	110	2.8	350	2.8	380	2.8
SUSSEX	116,119	3,413	1,210	1.6	30	1.6	20	1.6	680	1.6	60	1.6	200	1.6	220	1.6
UNION	504,094	139,290	5,140	6.8	140	6.8	90	6.8	2,880	6.8	260	6.8	840	6.8	930	6.8
WARREN	84,429	2,602	830	1.1	20	1.1	20	1.1	450	1.1	40	1.1	140	1.1	150	1.1

TABLE 1-2

SUMMARY OF DD POPULATION BY AGE GROUPS
PLAN YEAR 1985

Geographic Subdivision County	State Population Total	Total State DD Population No.	 %	DD POPULATION BY AGE GROUPS—PLAN YEAR 1985 AGE GROUP Infants at Risk (0-2) No.	 AGE GROUP Pre-School (3-4) No.	 AGE GROUP School Age (5-17) No.	 AGE GROUP Adult DD (18-21) No.	 AGE GROUP Adult DD (22-64) No.	 AGE GROUP Sen. Citizens DD (65±) No.
STATE TOTAL	7,607,300	63,740	100	2,050	1,350	38,410	3,850	14,640	3,590
ATLANTIC	226,300	1,830	2.9	60	40	1,050	110	440	130
BERGEN	881,800	6,760	10.6	180	120	3,780	440	1,820	420
BURLINGTON	372,900	385	6.0	100	70	2,630	190	720	140
CAMDEN	482,600	4,180	6.6	150	100	2,590	230	910	200
CAPE MAY	85,500	660	1.0	20	10	370	40	140	80
CUMBERLAND	135,800	1,210	1.9	40	30	760	70	240	70
ESSEX	791,100	6,930	10.9	240	160	4,300	400	1,740	360
GLOUCESTER	172,681	1,810	2.8	60	40	1,160	110	360	80
HUDSON	538,700	4,470	7.0	160	110	2,650	270	1,020	260
HUNTERDON	92,400	800	1.3	20	20	500	40	180	40
MERCER	323,100	2,700	4.2	80	50	1,610	190	630	140
MIDDLESEX	641,000	5,220	8.2	150	100	3,070	360	1,300	240
MONMOUTH	515,700	4,350	6.8	130	90	2,650	230	980	270
MORRIS	448,700	3,670	5.8	100	70	2,180	240	930	150
OCEAN	370,100	3,080	4.8	100	70	1,820	160	580	350
PASSAIC	453,100	3,840	6.0	130	90	2,320	230	860	205
SALEM	66,500	580	.90	20	10	370	30	120	30
SOMERSET	241,200	1,810	2.8	50	30	1,080	60	510	80
SUSSEX	128,500	1,190	1.9	40	30	770	60	240	50
UNION	517,900	4,040	6.3	120	90	2,280	270	1,030	250
WARREN	88,400	760	1.2	20	20	470	40	160	50

Although this survey was not specifically designed to measure the extent of developmental disabilities in New Jersey or the United States, it did ask key questions concerning certain functional limitations individuals were encountering. The SIE was based on personal interviews with a sample of households across the country. Questions were asked concerning the presence of mental retardation, emotional disturbance, speech, vision and hearing impairments and orthopedic handicaps. Additionally, respondents were queried as to the extent these handicaps affected daily life activities. Gollay reinterpreted these questions in order to estimate the number of respondents with functional disabilities in the major life activity areas specified in the Developmental Disabilities Act.

Data from the SIE had a number of advantages over other national surveys. Primarily, SIE data is useful as the survey was large enough to derive state specific estimates. The SIE survey was relatively recent (1976), and results of the SIE in terms of the proportion of the population exhibiting disabilities is similar to results from other surveys. Finally, the data focus is on functional limitations, making it more adaptable than other national surveys (including the 1974 Health Interview Survey and the 1972 Social Security Survey of Disabled and Non-Disabled Adults) to the definition of a developmental disability as set out in the Developmental Disabilities Act.

The SIE data are limited in terms of the types of people included in the survey. SIE data did not include persons residing in institutions, nor infants two years and younger. Additionally, the mentally retarded population appears to be undercounted. If a high estimate of the frequency of mental retardation nationally is used (3 percent of the total population), then it is evident the SIE did undercount. However, mentally retarded persons residing in institutions, nursing homes and group homes were not surveyed. Finally, it is important to remember that all numbers are estimates.

Table 1-1 shows the estimated number of non-institutionalized developmentally disabled residents of New Jersey by age and by county. These estimates were generated by applying the prevalance rates developed by Gollay to 1980 census data, obtained from the New Jersey Department of Labor, Division of Planning and Research. All estimates have been rounded to the nearest 10 persons.

Table 1-2 are estimates of the number of developmentally disabled for plan year 1985. These estimates are based upon population projections prepared by the Division of Planning and Research, Office of Demographic and Economic Analysis. As the census is done on a decennial basis, there are no actual population counts for 1985.

The county was used as the geographic subdivision, as most planning is done on a single or contiguous county level in New Jersey. Figure 1-3 illustrates the location of the state's 21 counties.

As is illustrated in Table 1-2, there are an estimated 63,740 developmentally disabled residents of New Jersey. This represents 1.03 percent of the total state poulation.

As is the case with the general population of New Jersey, the developmentally disabled are most highly concentrated in the northeastern counties of the state—Bergen, Essex, Hudson, Morris, Passaic and Union Counties. Approximately 48 percent of the total estimated developmentally disabled citizens of New Jersey reside in these six northern counties. About 22 percent of the estimated developmentally disabled population reside in the southern New Jersey counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem.

Camden, Burlington and Gloucester Counties have the highest concentration of developmentally disabled persons residing in the southern portion of the state. While actual numbers of developmentally disabled persons in other southern New Jersey counties are low, the fact that density is also low in Camden, Burlington and Gloucester Counties is significant in terms of planning for service delivery. Low density also exists in the extreme northwestern portion of New Jersey—Sussex and Warren Counties—where only about 3 percent of the state's developmentally disabled population resides.

Figure 1-3

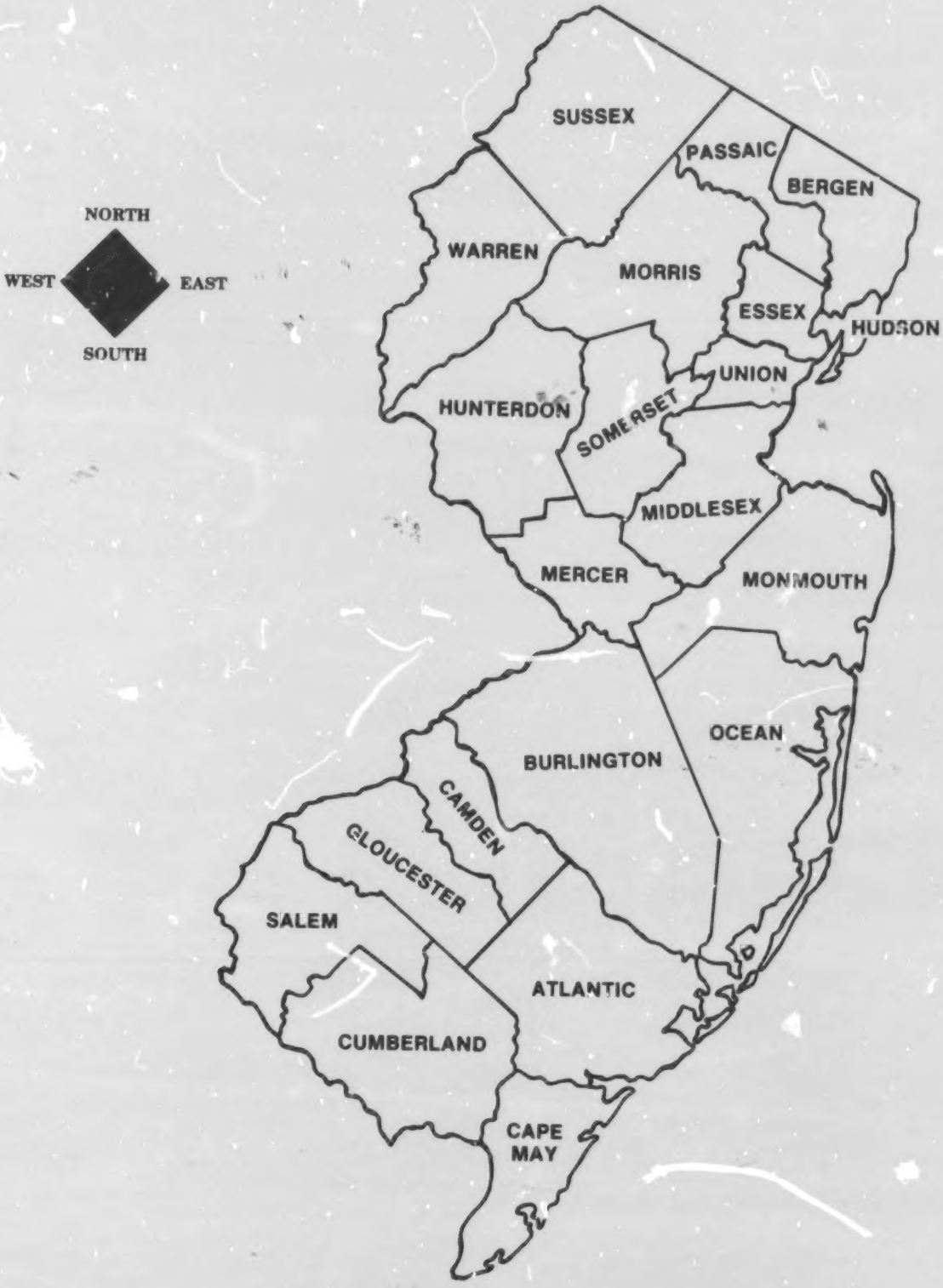
NORTH
WEST
EAST
SOUTH
SUSSEX
PASSAIC
BERGEN
WARREN
MORRIS
ESSEX
HUDSON
UNION
HUNTERDON
SOMERSET
MIDDLESEX
MERCER
MONMOUTH
OCEAN
BURLINGTON
CAMDEN
GLOUCESTER
SALEM
ATLANTIC
CUMBERLAND
CAPE MAY

TABLE 1-4

PERCENTAGES USED TO ESTIMATE THE DD POPULATION IN SIX AGE GROUPS							
	Infants Age 0-2	Preschool Age 3-4	School Age Age 5-17	Adults Age 18-21	Adults Age 22-64	Senior Citizens Age 65+	Estimated Total Population
DD AS Percent of Population	.71	.71	2.78	.75	.31	.38	1.03

Table 1-4 shows the percentages used to estimate the developmentally disabled population in the six age groups. There are an estimated 2,050 infants who manifest functional limitations severe enough to be considered developmentally disabled. This figure differs significantly from the number of children "at risk" of becoming developmentally disabled, which would be as high as 6,400 infants (or 3 percent of the total New Jersey population in the zero through two age group).[2] The preschool estimate for 1985 is 1,350, and 38,410 for developmentally disabled school-age children. There are an estimated 18,490 developmentally disabled adults between the ages of 18 through 64, and an estimated 3,590 senior citizens with developmental disabilities. (This lowered number compared to 1980 data reflects a more accurate estimate of the number of senior citizens with developmental disabilities).

When the 1985 estimates are compared to those based on actual 1980 census counts, there is a projected increase in the number of developmentally disabled persons in all age categories except for school-age children between the ages of five and 17. The number of developmentally disabled persons in this age group is projected to decrease by 4,060.

Children in the 0-2 and 3-4 age categories are projected to increase only slightly (by about 50 persons in each age group), while adults between the ages of 18-24 are projected to increase by 2,270 persons. These changes, especially the decrease in population in the 5-17 year category could have important implications for the planning and delivery of services to persons with developmental disabilities.

Shifts in the number of developmentally disabled persons in New Jersey over time can be attributed to demographic trends in total population occurring throughout New Jersey and the United States. Most of the changes in New Jersey's age structure that occurred during the 1970's are continuing into the 1980's, according to recent estimates prepared by the U.S. Census Bureau. The school-age population (5-17 years) has continued to decline since the 1980 census while the elderly population has increased. At the same time, some of the trends of the 1970's have reversed. For example, the number of infants and preschool age children has increased.

The resultant shifts in age patterns in the past decades are linked to the "baby boom" generation, those who were born soon after World War II, between 1947 and 1964. Increases in the number and proportion of preschool age children reflect the large number of "baby boom" women in child bearing years who have begun to start families in recent years, while decreases in the school-age population (5-17 years) are indicative of the decline in child bearing during the 1960's and 1970's that occurred after the "baby boom."

The influx of the "baby boom" generation into their prime working years can be seen in the increase in the proportion of the population that is 21 to 44 years of age. The relatively small generation that preceded the "baby boom" is entering the 45-64 year old age group contributing to that age group's decline in size.

It is important to note that all estimates presented in Tables 1-1 and 1-2 are subject to standard statistical error. The figures should be considered a range within which the actual number of developmentally disabled persons would fall. This range has been calculated, generating a population range which has a 95 percent probability of containing the true size of the developmentally disabled population. In New Jersey, the total number of non-institutionalized developmentally disabled residents is likely to range from a low of 49,100 persons to a high of 88,600. Additionally, by including mentally retarded persons currently living in state-operated institutions, approximately 5,900 persons can be added to these figures. Therefore, the total number of developmentally disabled residents in New Jersey ranges from 60,900 to 100,400 persons.

As discussed, the SIE data did not include individuals two years of age and younger. In the absence of any data on this age group, the zero through two population was assumed to have the same prevelance rate as three and four year olds.

In an attempt to better estimate the preschool population, birth defect registration data gathered by the

Department of Health's Special Child Health Services program (SCHS) were scrutinized to identify the number of children registered with conditions which could be considered developmental disabilities. New Jersey state law requires all infants born with a birth defects or disabilities be registered with the Department of Health to assure that each child receives necessary health services.

The department's 1982-83 registries were examined, and approximately thirty conditions were identified as potential developmental disablities. A sample of some of the conditions which were identified include: cystic fibrosis, cerebral palsy, epilepsy, autism, spina bifida, paraplegia, muscular dystrophy and osteogenesis imperfecta. The total number of children between the ages of zero through four who were registered as having any of the thirty identified conditions was 2,490. Of these, 270 were under one while 2,220 were one through four years of age.

The major drawback to this data is an undercounting of children with mental retardation in the zero through four age group. Additionally, there are a number of children who are potentially developmentally disabled who have never been registered. These figures do, however, provide the minimum number of children statewide who need, or will need, services to ameliorate the effects of a disabling condition.

Table 1-5 illustrates the number of persons below the poverty rate for each county. The poverty status of an individual is determined by his or her own income in relation to the appropriate poverty threshold. Poverty threshold depends on the size of the family and the number of related children under 18 years of age.

TABLE 1-5[3]

COUNTY	PERCENT OF PERSONS BELOW 1979 POVERTY RATE
Atlantic	12.65
Bergen	4.13
Burlington	6.29
Camden	11.80
Cape May	9.07
Cumberland	14.52
Essex	17.91
Gloucester	8.63
Hudson	16.93
Hunterdon	4.20
Mercer	9.39
Middlesex	6.26
Monmouth	7.54
Morris	3.54
Ocean	8.06
Passaic	12.81
Salem	11.65
Somerset	3.81
Sussex	5.46
Union	7.53
Warren	6.51

The incidence of poverty throughout the state among the population as a whole can be extrapolated to help understand the poverty status by county among persons with developmental disabilities. Those counties with the highest amount of persons below the poverty rate include Essex, Hudson, Cumberland, Passaic, Camden and Salem. The income levels and poverty status of the developmentally disabled must be considered in the planning and delivery of services. Certain geographic areas have high incidence of poverty and require special attention by agencies providing services.

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[2]Boggs, E.M., and Henney, R.L. *A Numerical and Functional Description of the Developmentally Disabled Population in the United States by Major Life Activities* as Defined in the Developmental Disabilities Assistance and Bill of Rights Act as Amended in PL 95-602. Philadelphia: EMC Institute, 1979.

[3]Income and Poverty in New Jersey, Department of Labor, Division of Planning and Research, Trenton, N.J. 1980.

1.3 How do developmental disabilities affect individuals?

By nature of the federal definition of a developmental disability, service needs of this population will be multiple and long-term. Additionally, services must be provided in a coordinated fashion in order to be effective. In planning services to the developmentally disabled population, the changing service needs of developmentally disabled individuals must be recognized. As the individual with a developmental disability grows, services must be available which respond to the particular needs of his or her age group.

For the purposes of this plan, specific services which should be available to all developmentally disabled individuals have been divided into two categories: direct services and support services. Direct services include residential services, day programs and employment programs. Support service needs include identification services, case management, treatment services and family/program support services.

DIRECT SERVICE	DEFINITION
A. Residential Services	
1. Domiciliary Care	Domiciliary care services are the provision of away-from-home living quarters, supervision and personal care to developmentally disabled persons needing 24-hour supervision. Domiciliary care differs from special living arrangements by degree of supervision and amount of personal care provided to the individual.
2. Special Living Arrangements	Special Living Arrangements are settings for the provision of community-based residential services for developmentally disabled persons who need some degree of supervision, but who do not require the more intensive services provided by a large-scale institution.
B. Day Programs	
1. Day Care	Day care services are the provision of comprehensive and coordinated activities providing personal care and other services to pre-school, school-age and adult developmentally disabled individuals. The services are provided outside of the residence for a portion of the 24-hour day. Services include creative, educational, social, physical and learning activities designed to provide at least training, counseling, personal care and recreation services. Careful supervision is provided. Day care services for pre-school age and school-age children are likely to emphasize recreation activities and maturation of the children in order to supplement services being provided by parents or guardians. Day care for adults is likely to emphasize the development of daily living and social skills to make the individual as independent as possible.
2. Education	Education services are the provision of structured learning experiences based on appropriate evaluations and taking place within the least restrictive environment. Curriculum should be designed to develop ability to learn and acquire useful knowledge and basic skills and to improve the ability to apply them to everyday living. Education services are to be provided to every age group.
3. Training	Training services are the provision of a planned and systematic sequency of instruction to: 1) develop skills for daily living, including self-help, motor skills and communication; 2) enhance emotional, personal, and social development, and 3) provide experiences for gaining occupational and pre-vocational skills. Training services should be based upon appropriate evaluation of the individual and objectives designed to meet the needs of the individual.
4. Employment Programs	Sheltered employment services are the provision of activities involving work evaluation, occupational skills, training and paid employment for those who cannot be absorbed into the general labor market because of their disability. Other kinds of employment services may include private industry programs to train and employ the disabled. Such programs are not generally applicable to the needs of the substantially handicapped.

SUPPORT SERVICE	DEFINITION
A. Identification Services	
1. Diagnostic Services	Diagnostic services are the provision of coordinated services, including but not limited to medical, psychological, social or other services necessary to identify the presence, cause and extent of a developmental disability.
2. Assessment	Assessment is the systematic appraisal of physical, psychological, vocational, educational, cultural, social, economic or other characteristics of the individual to determine: 1) the extent to which the disability limits or can be expected to limit his or her daily living and work activities; 2) the extent to which the disability can be minimized through the provision of services; 3) the nature and scope of the services needed; and 4) objectives which are commensurate with the individual's needs, interests and capacities.
3 Information and Referral	Information and referral is the provision of a current and complete listing of all appropriate resources which are available and accessible to the developmentally disabled person, his or her family and professional serving developmentally disabled individuals.
B. Case Management	
1. Counseling	Counseling is the provision of professional guidance made on the basis of evaluation in order to achieve goals which are mutually agreeable to counselor and client.
2. Protective Services	Protective services are the provision of a system of legal, social and other services to help developmentally disabled individuals exercise their rights as citizens and to assist those who are unable to protect themselves from neglect, exploitation or other hazardous situations.
3. Follow-Along	Follow-along is the life-long continuation of evaluation and counseling with the developmentally disabled individual in order to assure that changing needs are recognized and met.
4. Crisis Intervention	Crisis intervention is short-term assistance to help deal with physical, emotional, psychological, behavioral or programmatic situations which, if not ameliorated could result in placement in a more restrictive setting and/or regression of the individual.
C. Treatment	
1. Medical 2. Dental 3. Speech, hearing, occupational and physical therapy	Treatment services are interventions designed to halt, control or reverse conditions which cause or complicate developmental disabilities. Such interventions may include: surgery, provisions of prosthetic devices, dental treatment, physical therapy, occupational therapy, speech and hearing therapy, and other medical and medically oriented treatments needed by the individual.
D. Family/Program Support Services	
1. Recreation Services	Recreational services provide for planned and supervised activities designed to: 1) help meet the individual's therapeutic needs for self-expression, social interaction and entertainment and 2) develop skills and interests leading to constructive and enjoyable use of leisure time.
2. Transportation	Transportation is the provision of travel and travel cost to transport developmentally disabled persons and, where necessary, members of their families to sites where they are receiving services.
3. Personal Care	Personal care services are provided in conjunction with other services in order to provide for the health and well-being of the individual. Such services include the provision of food, clothing, bodily care, home care and companionship.

4. Respite Care	Respite care provides residential, personal, and whatever other care is necessary to a person with a developmental disability on a short-term basis (one weekend to three months).
5. Income Maintenance	Income maintenance is the provision of money to individuals or families to provide or supplement income.

1.4 What is the developmental disabilities basic state grant program?

Given the wide range of services required by developmentally disabled individuals, the Developmental Disabilities Basic State Grant Program was designed to provide a state level system to coordinate, monitor, plan, and evaluate services. While this is a federally assisted program, the intent is for individual states to perform these functions, as service delivery systems vary so much from one state to another.

The specific purposes of the Basic Grant Program, outlined in Section 101 (b) (2) of Public Law 98-527 are as follows:

A. to assist in the provision of comprehensive services to persons with developmental disabilities, with priority to those persons whose needs cannot be covered or otherwise met under the Education for All Handicapped Children Act, the Rehabilitation Act of 1973, other health, education, or welfare programs;

B. to assist States in appropriate planning activities; and

C. to make grants to state and public and private, non-profit agencies to establish model programs, to demonstrate innovative habilitative techniques, and to train professional and para-professional personnel with respect to providing services to persons with developmental disabilities.

The program, in its role as advocate, works closely with the state Protection and Advocacy agency to ensure the legal and human rights of developmentally disabled persons.

Section II:

The State Planning Council on Developmental Disabilities

2.1 What is the New Jersey Developmental Disabilities Council?

The New Jersey Developmental Disabilities Council is the primary body located within state government mandated to coordinate and strengthen services available to developmentally disabled persons, as well as to safeguard the rights of persons with severe, long-range disabilities.

As mandated by P.L. 98-527, Council membership must consist of agencies (including the state agency that administers funds provided under the Rehabilitation Act of 1973, the stage agency that administers funds provided under the Education of the Handicapped Act, and the state agency that administers funds provided under title XIX of the Social Security Act for persons with developmental disabilities), higher education training facilities, each university affiliated facility or satellite center in the state, the state protection and advocacy system, local agencies, and non-governmental agencies and private nonprofit groups concerned with services to persons with developmental disabilities. Also, at least 50 percent of the Council membership must consist of consumers--persons with developmental disabilities or their parents or guardians. The law further specifies that at least one-third of the consumer membership must have developmental disabilities, and another one-third must be immediate relatives or guardians of persons with mentally impairing developmental disabilities. At least one person must be the relative or guardian of an institutionalized person.

In New Jersey members are appointed by the Governor, with the advice and consent of the State Senate for three-year terms. Twelve of the members are statutory, official representatives of the following state agencies:

1. Special Child Health Services and Maternal and Child Health program.
2. Department of Community Affairs
3. Department of Higher Education
4. Department of the Public Advocate
5. Division of Comprehensive Health Planning
6. Division of Medical Assistance and Health Planning
7. Division of Mental Health and Hospitals
8. Division of Mental Retardation
9. Division of Public Welfare
10. Division of Special Education
11. Division of Vocational Rehabilitation Services
12. Division of Youth and Family Services

There are 15 consumer members of the Council who include persons who are either developmentally disabled or representatives of consumers of services for developmentally disabled persons. Of these consumer members, at least five are persons with developmental disabilities and at least five are individuals who are immediate relatives or guardians of persons with mentally impairing developmental disabilities. One of the consumer representatives of persons with mentally impairing disabilities is an immediate relative or guardian of a person who is institutionalized. To the extent possible, public members are appointed to provide diverse geographical representation to the Council. Each public member serves for a term of three years and until such time as a successor is appointed. The terms are staggered so that the terms of no more than six public members can expire in any given year. Terms begin on July 1, and vacancies are filled for unexpired terms only. Members of the Council may be removed from membership, for cause, by the Governor.

2.2 Who are the Council members?

A list of Council members, organized by category of membership, is provided below:

NON-CONSUMER/PROFESSIONAL MEMBERS

1. Clarence N. York, Ed.D., Council Chairman
   Bancroft School, 437 East Kings Highway,
   Haddonfield, NJ 08033
2. Nickie Peterson, Ed.D.
   Institute for Human Services
   Kean College of New Jersey
3. Lawrence T. Taft, M.D.
   Department of Pediatrics
   College of Medicine and Dentistry of New Jersey
   P.O. Box 101, Piscataway, NJ 08854

CONSUMERS

1. David H. Blaustein
   517 Pennington Street
   Elizabeth, NJ 07202
2. Lorine C. Fargo
   1243 Inman Avenue
   Edison, NJ 08817
3. Lisa M. Firgau
   83 So. Adelaide Avenue
   Highland Park, NJ 08904
4. Elizabeth Jackson
   68 Kean Street
   Paterson, NJ 07524
5. Dennis Gene Nelson
   29 Garden Street
   Mt. Holly, New Jersey
6. Norman A. Smith
   308 McClellan Avenue
   Trenton, NJ 08610

PARENTS OR GUARDIANS OF CONSUMERS

1. Elizabeth M. Boggs, Ph.D.
   Henderson's Road
   R.D. #1, Box 439
   Hampton, NJ 08827
2. Beatrice Antell
   930 Ridgewood Road
   Millburn, NJ 07041
3. Bernard Koechlin, Ph.D.
   40 Melrose Place
   Montclair, NJ 07042
4. Paul M. Leeds
   271 Jerome Avenue
   Oakhurst, NJ
5. Patricia O'Connell
   R.D. #2, Marian Drive
   Belle Mead, NJ 08502
6. Carol Schnitzler
   10 Benson Road
   Kendall Park, NJ 08824
7. Serge Sobolevitch, Ph.D.
   College Professor
   96 Jefferson Road
   Princeton, NJ 08540
8. Ruth Tomlin
   407 Narberth Avenue
   Haddonfield, NJ
9. Laura Luhrs
   44 Prospect Avenue
   Woodcliff Lake, NJ 07675

REPRESENTATION OF PRINCIPAL STATE AGENCIES

FEDERALLY ASSISTED PROGRAM	NAME AND POSITION OF MEMBER	NAME AND ADDRESS OF STATE AGENCY
1. EDUCATION OF THE HANDICAPPED	Jeffrey Osowski, Director	Division of Special Education Department of Education 225 West State Street Trenton, New Jersey 08625
2. VOCATIONAL REHABILITATION	George Chizmadia, Director	Division of Vocational Rehabilitation Services Labor and Industry Building John Fitch Plaza Trenton, New Jersey 08625
3. PUBLIC ASSISTANCE	Joanne Lobue Medical Social Work Consultant	Division of Public Welfare Department of Human Services 3525 Quakerbridge Road Trenton, New Jersey 08625

REPRESENTATION OF PRINCIPAL STATE AGENCIES—Continued

FEDERALLY ASSISTED PROGRAM	NAME AND POSITION OF MEMBER	NAME AND ADDRESS OF STATE AGENCY
4. MEDICAL ASSISTANCE	Ruth Stekert, MD, Chief,	Division of Medical Assistance and Health Services Department of Human Services and Health Services 7 Quakerbridge Plaza, CN 712 Trenton, New Jersey 08625
5. SOCIAL SERVICES	Jeffrey Markowitz Project Specialist, Teaching Family Programs	Division of Youth and Family Services Department of Human Services 1 South Montgomery Street Trenton, New Jersey 08625
6. MATERNAL & CHILD HEALTH	Barbara Kern, Chief,	Special Child Health Services Department of Health 120 South Stockton Street, CN 364 Trenton, New Jersey 08625
7. COMPREHENSIVE HEALTH	Joseph Kale, Executive Director, Statewide Health Coordinating Council	Division of Health Planning and Resources Development, Department of Health Health-Agriculture Building John Fitch Plaza Trenton, New Jersey 08625
8. MENTAL HEALTH	Maureen D. Borland, Chief	Division of Mental Health and Hospitals Department of Human Services Capital Place One, 222 South Warren Street Trenton, New Jersey, 08625
9. INSTITUTIONAL MR SERVICES and (10) DEVELOPMENTAL DISABILITIES SERVICES	Eddie C. Moore, Director	Division of Mental Retardation Department of Human Services Capitol Place One, 222 South Warren Street Trenton, New Jersey 08625

REPRESENTATION OF OTHER STATE AGENCIES

NAME AND ADDRESS OF AGENCY OR GROUP	NAME AND POSITION OF MEMBER	PROGRAM REPRESENTED CATEGORY OF MEMBERSHIP
Department of Higher Education Office of Health Professions Education 225 West State Street Trenton, New Jersey 08625	Patricia Firth, Assistant Director	Office of Medical, Dental and Health Professions Education Department of Higher Education
Department of the Public Advocate Hughes Justice Complex Trenton, New Jersey 08625	Herbert D. Hinkle, Esq., Director	Division of Advocacy for the Developmentally Disabled Department of the Public Advocate
Department of Community Affairs 363 West State Street Trenton, New Jersey 08625	Jacquelyn Stanley, Director Office on Community Recreation for Handicapped Persons	Office of Community Recreation for Handicapped Persons Department of Community Affairs

As the State Planning Council, the New Jersey Developmental Disabilities Council is expected to:

1. Study and review needs and problems of New Jersey's developmentally disabled population and the nature and extent of state and other public and private services for those so handicapped, and to recommend immediate and long-range program and construction priorities;
2. Foster cooperation and communication between state, county, municipal, voluntary and private agencies providing services to developmentally disabled persons to assure that such services are delivered effectively, efficiently and without duplication;
3. Promote public awareness of the needs and problems of persons with developmental disabilities and their related budgetary implications;
4. Review and evaluate no less than once a year the State Plan for Services to the Developmentally Disabled and submit such appropriate modifications as may be required to the United States Secretary of Health and Human Services;

5. Make sure reports, in such form and containing such information, as the United States Secretary of Health and Human Services may reasonably require pursuant to P.L. 95-602 (1978), and keep such records and afford such access thereto as the Governor or the Secretary of Health and Human Services find necessary to assure the correctness and verification of such reports;
6. Review and comment on laws and practices relating to the developmentally disabled population;
7. Propose training and scholarship programs to prepare professionals to work with developmentally disabled individuals;
8. Recommend training and recruitment programs to encourage the employment of developmentally disabled persons;
9. Encourage and support pertinent research efforts and preventative measures;
10. To the maximum extent feasible, review and comment on all state plans in New Jersey which relate to programs affecting persons with developmental disabilities;
11. Inform local government agencies of federal and state programs and requirements concerning developmentally disabled and other handicapped persons and provide technical assistance to such agencies as to methods for participating in such programs or meeting such requirements;
12. Promote the establishment of local commissions on the developmentally disabled and other handicapped for the identification and development of locally-based programs for such persons, and to stimulate planning at the community level;
13. Administer loan and grant programs, if and when funds become available, to enable local agencies, commissions and individuals concerned with handicapped persons to acquire or improve relevant facilities, services and personnel;
14. Undertake at the request of the Governor and the Legislature such activities as may be pertinent for the accomplishment of legislative and executive functions.

The Council has adopted the following policies in accordance with the required function of the Developmental Disabilities Council:

1. In order to encourage service programs for developmentally disabled persons to reflect planned development, coordination and direction, the Council should consult with agencies serving developmentally disabled individuals so as to identify and coordinate their respective roles.
2. Each developmentally disabled person should have alternatives for services which do not disrupt the daily living routine of the person and contribute to a "normal" lifestyle.
3. Services currently available and those which will be developed in the future should be dictated by the needs of developmentally disabled individuals rather than medical, diagnostic lables. Diagnostic labels should be considered in only a medical context.
4. Agencies rendering generic services to developmentally disabled persons should be encouraged to expand their services and broaden their scopes.
5. There should be no requirements (explicit or implicit) that a pre-diagnosis be a condition for obtaining diagnostic services.
6. The location of service programs should be in areas accessible to the developmentally disabled population intended to use such services. Improved transportation to service centers and other destinations should be encouraged.
7. Special efforts should be made to maximize resources in the rural portions of New Jersey so that all developmentally disabled groups may receive adequate and appropriate services.
8. Because traditional means of offering services to the urban and rural poor may be inadequate, more efficient means should be used for delivering services to these groups.
9. Eligibility and/or admission requirements should not hamper developmentally disabled people in their attempts to obtain services.
10. An information and referral system should be available to parents and others seeking appropriate services for a developmentally disabled person. This system should be widely publicized and specific information about available services for developmentally disabled persons should be offered.
11. Coordination of facilities, resources and services should be encouraged. An integrated service network if preferred to duplication of services in many instances.
12. Service programs need attention and revisions to better serve pre-school-aged children and adults who have developmental disabilities.
13. Early screening and diagnosis of children suspected to have developmental disabilities should be encouraged.
14. "One stop" case management services appropriate for developmentally disabled people should be developed and implemented.
15. Policies may be added or deleted through an amendment to the State Plan.

In order to fulfill its mandated responsibilities under state and federal law, five meetings of the full Council are held each year. These meetings are open to the public, and in accordance with the New Jersey Open Public Meeting Act, agendas of proposed meetings are published in two New Jersey newspapers (the *Trenton Times* and the *Newark Star Ledger*), are posted on a designated bulletin board at the New Jersey State House, and are filed with the Secretary of State.

Additionally, the Chairman of the Council creates committees, task forces and other suborganizations of the Council as is necessary to carry out its functions. Current standing committees of the Council are:

1. **Executive Committee:** Composed of the Vice-Chairman of the Council, who also serves as the Chairman of the Executive Committee, the Chairman and five other members of the Council who are elected by the Council annually. The Executive Committee is able to act for the entire Council in regards to personnel, budget and other administrative matters. In the event that the entire Council cannot meet, the Executive Committee has the ability to act on behalf of the full Council. The Executive Committee formulates proposed Council policy and actions to be taken by the Council. Final consideration and final determination on policy is left up to the Council as a whole. An Executive Committee meeting can be called by the Chairman at the request of four or more members of the Committee.
2. **Committee on Advocacy:** Works primarily with the Department of the Public Advocate to identify major issues for advocacy activities by the department and the Council.
3. **Committee on Legislation:** Monitors pending legislation, with an emphasis on state-level activity. The committee also identifies major legislative measures which would affect the developmentally disabled population of New Jersey and recommends to the Council action in regard to such measure.
4. **Committee on Personnel:** Provides advice to the Executive Director on personnel-related matters.
5. **Committee on Policy and Planning:** Works with the Council and its staff on the development and completion of planning projects; the development of the annual State Plan; the consideration of annual goals, objectives and priorities; and other planning-oriented activities.
6. **Committee on Public Information:** Provides a resource and advisory function to the Council and its staff in the formulation of public information programs, including those publicizing the Statewide Computerized Referral-Information Program (SCRIP).
7. **Committee on Manpower Needs:** Develops and oversees the Council's continuing efforts to study and plan for manpower training of professionals working with developmentally disabled persons.

2.3 Who are the Council staff?

Within the limits of appropriations, the New Jersey Developmental Disabilities Council is able to employ such staff as it deems necessary to carry out its functions. The Executive Director of the Council performs at the direction of the Executive Committee and the Council as a whole. The staff performs under the direction of the Executive Director. The Executive Director is responsible for seeing that the duties and the functions of the Council are carried out. The Executive Director of the Council is authorized to act on behalf of the Council in emergency situations when it is not possible for the Council as whole or the Executive Committee of the Council to meet.

The staff assists and supports the Council in their planning, public education, information and referral, evaluation and other activities. The following is a synopsis of the title and responsibilities of each current staff position.

1. Executive Director
   a. Recommends policy and work activities to the Council, including preparing agenda and arranging for council and other meetings;
   b. Serves as chief liaison between the Council and state, federal, and voluntary agencies, and between the Council and the Governor, and legislature;
   c. Obtains and disseminates information about current and proposed federal and state legislation, administrative regulations, and court decisions that relate to the developmentally disabled and to prepare reports and recommendations regarding the same for the Council;

d. Supervises and directs staff in the collection and analysis of data, development of public information programs, and administration of the Statewide Computerized Referral-Information Program (SCRIP);
e. Oversees the expenditure of federal funds by the Council and submits reports as required by the federal government or the Governor;
f. Maintains the Council's records, minutes and files.

2. Planning Specialist
   a. Designs and prepared the State Plan or its revisions, and related reports as required by law;
   b. Coordinates the Council's planning cycle;
   c. Maintains liaison with private and public agencies in order to gather data, secure their input for the State Plan, and stays informed about program changes affecting the developmentally disabled;
   d. Collects and analyzes statistical and other data about developmentally disabled people for inclusion in the State Plan and for other reports;
   e. Assesses the needs of developmentally disabled people for services and identifies service gaps.

3. Communications Specialist
   a. Develops and implements public awareness campaigns concerning people with developmental disabilities;
   b. Prepares a newsletter for general distribution throughout New Jersey;
   c. Prepares brochures, resource guides, handbooks, annual reports, posters, slide-tapes, films and radio spots;
   d. Uses radio, television, newspapers, and other media for disseminating information about the developmentally disabled;
   e. Prepares press releases about Council activities and publications;
   f. Publicizes Council conferences, workshops and other public events.

4. SCRIP Administrator
   a. Supervises and maintains daily operations of SCRIP (Statewide Computerized Referral-Information Program);
   b. Develops and implements innovations on SCRIP program and concept;
   c. Designs reporting methods, questionnaires, and survey techniques;
   d. Supervises and directs the writing of computer programs;
   e. Distributes information about SCRIP to agencies and system users, including teaching people how to use the system;
   f. Keeps records of expenses, use of equipment, use of the system, and other administrative concerns;
   g. Designs data coding procedures and forms.

5. Research Specialist
   a. Assumes responsibility for public educational programs in keeping with the Council's planning-evaluation, coordination and advocacy responsibilities and does related work as required;
   b. Conducts programmatic and statistical research, surveys and studies, compiles and analyzes information for the Council and its committees.
   c. Develops and writes related reports and other materials for approval by the Council.
   d. Performs extensive research and analysis of programs of other state agencies, federal and state legislation and regulations with emphasis on the effect they have on the Council's responsibilities and objectives;
   e. Establishes and maintains relations with public and private agencies, organizations, and the general public, in order to enlist support and understanding of the Council's programs and goals;
   f. Prepares clear, sound, accurate and informative programatic, statistical, technical and other reports containing findings, conclusions and recommendations for the Council and its committees;
   g. Provides other administrative assistance to the Council and the Executive Director.

There are currently one professional assistant, three secretaries and one student assistant who aid the Council's professional staff.

COMPOSITION OF THE STATE PLANNING COUNCIL STAFF

1. Council Chairperson:	Clarence N. York, Ed.D.		108-110 North Broad St.	(609) 292-3745
	(name)		(contact address)	(phone)
2. Executive Director:	Catherine Rowan		108-110 North Broad St.	(609) 292-3745
	(name)		(contact address)	(phone)

3. Other Staff positions and related responsibilities are listed below:

Jenny-Ann Kershner	Planning Specialist	108-110 North Broad St.	(609) 292-3745
(name)	(title)	(contact address)	(phone)
Virginia Persing	Communications Specialist	108-110 North Broad St.	(609) 292-3745
(name)	(title)	(contact address)	(phone)
Gretchen Jacobs	Research Specialist	108-110 North Broad St.	(609) 292-3745
(name)	(title)	(contact address)	(phone)
Patricia E. Krupka	Administrator, SCRIP	108-110 North Broad St.	(609) 292-3745
(name)	(title)	(contact address)	(phone)
Terry Zuchetti	Secretary	108-110 North Broad St.	(609) 292-3745
(name)	(title)	(contact address)	(phone)
Robert Reese	Secretary	108-110 North Broad St.	(609) 292-3745
(name)	(title)	(contact address)	(phone)
Ann Marie Perelli	Secretary, SCRIP	108-110 North Broad St.	(609) 292-3745
(name)	(title)	(contact address)	(phone)
		108-110 North Broad St.	(609) 292-3745
		(contact address)	(phone)
Ellen Belknap	Professional Assistant, SCRIP	108-110 North Broad St.	(609) 292-3745
(name)	(title)	(contact address)	(phone)
Thomas Cracker	Student Assistant	108-110 North Broad St.	(609) 292-3745
(name)	(title)	(contact address)	(phone)

Section III:

The Administering Agency for the Developmental Disabilities Program

3.1 What is the designated state administering agency?

Under the Developmentally Disabled Assistance and Bill of Rights Act (P.L. 98-527) funds are made available to states for innovative service projects. The New Jersey Developmental Disabilities Council has designated the New Jersey Division of Mental Retardation as the state agency responsible for administering these service grants. Governed by the Council's goals and objectives, grants are made on a yearly basis to agencies providing direct services to developmentally disabled individuals. Within the Division of Mental Retardation, the Office of Grants Management is the unit with direct responsibility for implementing service grants.

Implementation activities are identified through an exchange among consumers, service providers and the administering agency. To provide strong consumer input, service grant proposals are solicited from the community-at-large. Consideration is given within the broadest interpretation of the goals and objectives of the Developmental Disabilities Council. The Letter of Intent process allows for the development of program design at the service level as well as in the planning agency. Broad guidelines based on Council priorities, rather than requests for specific programs, are used to encourage innovative project proposals.

The implementation role of the Division of Mental Retardation shall include, but not be limited to:

I. Identifying potential service grant applicants.

A. Preparing an informational mailing list which includes agencies with potential and/or demonstrated interest in receiving developmental disabilities service grant funds.

Examples: Past grant applicants, providers identified through inquiry or contact through previous grant years, and others.

B. Using field contacts of the New Jersey Developmental Disabilities Council and its associated agencies.

C. Publicizing in the Council's newsletter, *Interface.*

II. Providing technical assistance to service agencies in areas where service gaps are indicated either by experience of the Division of Mental Retardation or the needs assessment conducted by the Council.

III. Assuring the development of appropriate distribution of services throughout the State of New Jersey.

A. Attending to the problems of the rural and urban poor as subsystems in need of special consideration.

B. Attending to the problems of achieving continuity among developing service agencies.

IV. Locating appropriate continuous and stable alternative funding mechanisms to provide for program continuity for grantees.

V. Providing monies to assist in program development and/or enhancement through the allocation of service grants for Plan Year 1984 which are awarded to agencies by the Division of Mental Retardation according to the goals, objectives and strategies of the Developmental Disabilities Council.

The basis for all service grant activities of the Division of Mental Retardation are the designated goals of the New Jersey Developmental Disabilities Council. Setting priorities from these goals is managed by the Office of Grants Management within geographic and geopolitical service areas (i.e., counties). Information

concerning the service categories designated as priorities of the New Jersey Developmental Disabilities Council is included in materials circulated to potential applicants so that they may better understand the types of service to receive funding.

The time frame for projects funded during Plan Year 1985 will be September 30, 1985, through September 29, 1986. The granting schedule is:

4/84—Goals and Objectives for fiscal year (FY) 1985 approved by the New Jersey Developmental Disabilities Council.

12/84—Requests for Letters of Intent issued.

2/85—Letters of Intent received by Division of Mental Retardation.

5/85—Applications received by the Division of Mental Retardation.

8/85—Grants awarded.

9/85—Grants take effect.

The process and procedures to be followed in established service activities are outlined below.

SEPTEMBER THROUGH OCTOBER

I. Analyze, advertise and implement the goals and objectives of the New Jersey Developmental Disabilities Council.

A. Review FY 1985 State Plan policies and plans for awarding service grants.
1. Note geographical distribution of service needs and designated importance of objectives.
2. Note goal assessment and priority assignments.
3. Note all changes, adaptations, and revisions of the State Plan.

B. Review FY 1985 Division of Mental Retardation policies and plans for awarding service grants.
1. Note geographical distribution of needs and priorities.
2. Note goal assessment and priority assignments.
3. Note all changes adaptations and revisions.

NOVEMBER

C. The Council will review previous year's grants management process to recommend changes, if needed. Particular attention will be paid to:
1. The grant proposal solicitation process based on previously mentioned geographical distribution of service needs.
2. Relevant material regarding federal regulatory changes or State Plan revisions.

D. The Council will review a summary prepared by the Division of Mental Retardation on previous year's grant actions (grants which ended September 29, 1984). Recommendations to improve congruency will be made to the Division of Mental Retardation, if needed.

DECEMBER

E. The Division of Mental Retardation will implement recommendations made by the Council regarding grant solicitation process and any changes required by federal regulations or State Plan revisions.

F. Issue invitations to submit Letters of Intent.
1. Provide standard format to potential applicants.
2. Provide summary of Developmental Disabilities Council goals and objectives.
3. Provide information concerning limitations and capabilities inherent in the service grant system.

FEBRUARY

G. Receive Letters of Intent and process proposals.
1. Examine each Letter of Intent in light of identified service gaps.
2. Consider needs relative to proposals and resources available for each goal.
3. Where possible, refer applicants to more appropriate sources of funding.

H. Notify agencies submitting Letter of Intent of the Division of Mental Retardation's analysis.
   1. Tell agencies whose applications appear inappropriate the reason(s) why their proposals seem unsuitable. Allow for response from applicant.
   2. Inform all applicants whose proposals meet minimum guidelines concerning goals and objectives. Include with notification, materials necessary to produce a standard application for a service grant by the specified date.
   3. Share consolidated data with the Developmental Disabilities Council regarding content, distribution, program nature and goal applicability of Letters of Intent. Prepare a plan jointly with the Council which would initiate projects where there are service needs but not adequate proposals.

MAY

I. Receive applications—review and analyze proposals.
   1. Categorize applications by geographic service area.
   2. Order each area's applications by priority service area.
   3. Evaluate according to State Plan monetary allocations.

J. Assessment and analysis of each proposal.
   1. Analyze with respect to other applications addressing the same need.
   2. Prepare written documentation of reasons for recommendation of acceptance or rejection.

JUNE

K. Present final service grant list to the Developmental Disabilities Council.
   1. Describe proposals which are not approved. Reasons for disapproval would include:
      a. poor relationship to goals and objectives.
      b. fiscal drawbacks.
      c. inappropriate regional distributions.
   2. Describe proposals which are approved for such reasons as:
      a. goals and objectives are met.
      b. fiscal responsibility suggested and/or demonstrated.
      c. enhancement of service delivery.

L. Review and prepare administrative materials for approved grants and notify grantees.
   1. Outline fiscal responsibility and reporting procedures.
   2. Outline program responsibility and reporting procedures.
   3. Tell grantees that the funding is for one year. The grant shall run from September 30, 1985, through September 29, 1986.

H. Grants Begin.

II. Provide for the administration of a standard procedure when applicants for service grant funding have reason to seek reconsideration of a decision by the Grants Management Office.

A. When appealing a decision:
   1. The applicant may petition the administering agency for an informal hearing. This hearing is managed by the Office of Grants Management.

B. If the decision reached at the informal hearing does not resolve the impasse:
   1. The applicant may petition the administering agency for a formal hearing. This hearing is managed by the Director, New Jersey Division of Mental Retardation and may involve the Deputy Director and any or all of the staff members involved.

C. If the decision reached at the formal hearing does not resolve the impasse:
   1. The applicant may request that the Department of Human Services implement its fair hearing procedures. The presiding officer will be named by the Commissioner, Department of Human Services.

III. Evaluation of programs funded with service grants.

A. On-site inspection.
   1. Conduct fiscal audits (using personnel of the Division of Mental Retardation's Office of Mangement Operations) to monitor funding procedures.
   2. Conduct program evaluations, using the staff of the Grants Management Office.

B. Periodic Reporting
   1. Require fiscal reports to be submitted in standard form for monthly review of the Office of Grants Management.
   2. Require program reports to be submitted in standard form monthly to the Office of Grants Management.

C. Administering Agency Reporting Responsibilities.
   1. Prepare all fiscal documents through the Office of Grants Management.
   2. Prepare service grant evaluations and digest of field observations through the staff of the Office of Grants Management. Provide review for the Council's Planning, or its Executive and Program Audit Committees, on service grants.
   3. Monitor Individualized Habilitation Plans (IHPs).

D. Program Audit Committee.
   1. Responsible for looking at selected samples of those projects funded by Developmental Disabilities service grants to ascertain what impact such projects have on the overall service network.
   2. Responsible for looking at the Division of Mental Retardation to monitor their performance in implementing the goals and objectives of the annual State Plan for Services to Persons with Developmental Disabilities.

As the agency designated to administer for the New Jersey Developmental Disabilities Council, the Division of Mental Retardation employs three staff persons within its Office of Grants Management to provide administrative support to the Council and to adminster service grant awards. Provided below is a list of the staff of the Office of Grants Management:

Josephine Mercantini-Bocci	Supervising Program Development Specialist
Juan Lopez	Contract Administrator I
Diane Gettier	Contract Administrator I
John Yorke	Contract Administrator II
Diane Donahue	Senior Clerk Transcriber

The office is located at:

Division of Mental Retardation
Capital Place One
222 South Warren Street
Trenton, New Jersey 08625
(609) 984-7351

Section IV:

The State Context

4.1 What is the environment in which the developmental disabilities program operates in New Jersey?

The quantity, quality and location of services for developmentally disabled persons will depend upon a number of factors. Quantity and quality is affected by the economic and political climate in New Jersey and the nation and the demographic structure of the state. Additionally, the structure of the service system (i.e., who has responsibility for what services) will impact upon the availability of services to developmentally disabled persons. These issues must be reflected in planning for services to persons with developmental disabilities.

New Jersey's population growth has remained relatively stable from 1970 to 1980, with a growth rate of 2.7 percent compared in an 11.4 percent growth rate for the United States as a whole.

Within New Jersey's 21 counties, there are also shifts in population which can have an impact on the planning of services for persons with developmental disabilities. Between 1970 and 1980, New Jersey's northeastern industrial counties including Bergen, Essex, Hudson, Passaic and Union lost population. Increases in population were noted for rural counties including Cape May, Cumberland, Hunterdon, Ocean, Salem, Sussex and Warren. Ocean County was the fastest growing county with an increase in population of 5.07 percent in the 10 year span, while Essex County had the largest decrease in population, .91 percent. In the last few years, the rate of population change within counties has somewhat moderated. Although the pattern of population movement within the state is similar to the 1970-1980 pattern, the magnitude of change has decreased.

New Jersey has the greatest number of persons per square mile than any other state. New Jersey is also the first state to be covered by Metropolitan Statistical Areas (MSAs). An MSA is a city of at least 50,000 population or an urbanized area of at least 50,000 with a total metropolitan population of at least 100,000. In other words, New Jersey is the first state to be considered a totally "urban state." Although most of New Jersey is urban, there are some counties that exhibit rural characteristics such as large tracts of open space and low population density. Approximately 11 percent of New Jersey's population reside in such areas.

New Jersey's economy has been in an expansionary phase, exhibited by strong consumer spending, home building and capital outlays by the business sector. Additionally, New Jersey's civilian labor force grew by 542,600 persons between 1970 and 1980. Employment in the state is at a high, except for the manufacturing sector which has been decreasing since the 1970's. Areas of employment that have been expanding through the 1970's and into the 1980's include the service sector, retail, wholesale and business related services and high technology jobs.

Along with employment, personal income has also been growing in New Jersey. A 7 percent growth was evident from 1981-1982, with income growing from $12,230 to $13,089. The state figure is 18 percent higher than the United States as a whole.

4.1.1 Issues and concerns which influence services for people with developmental disabilities

In New Jersey, as in almost every state, funding for programs serving developmentally disabled persons needs to be increased in order to develop, expand and improve services.

Beginning in 1981, federal domestic spending cuts have strongly impacted programs serving the developmentally disabled causing many agencies to adopt program maintenance policies with few plans for future expansion. In some instances, agencies have been forced to eliminate programs as a result of decreased funding. Since 1980, Human Service Appropriations have decreased by 20.03 percent.

Fortunately, in FY '85, the State of New Jersey has responded to decreased federal funding for human services programs by exhibiting a strong commitment to increased funding for programs, including those serving the developmentally disabled. Increases in state funding are evident this year for many programs serving handicapped persons. Particularly important are funding increases designated for the expansion of early intervention programs, and for community-based programs for persons with mental retardation and mental illness. Additionally, funds have been allocated for prevention programs in certain areas such as domestic violence, homeless persons, and strategies to decrease the incidence of mental retardation.

As a result of increased state funding in certain program areas, the effect of federal budget cuts on programs is somewhat dissipated, allowing for levels of service consistent with those of FY '84, with certain programs able to increase service capacity.

The structure of the developmental disabilities service system in New Jersey has great impact on the availability and accessability of services to severely handicapped persons. As becomes evident from a review of the developmental disabilities service network, a variety of agencies provide services to developmentally disabled persons in New Jersey. These agencies operate independently of one another and in many instances are unaware of what services and resources other agencies represent. This has led to a fragmented service system which is quite difficult for potential service recipients to understand and access. On a system level, this fragmentation leads to duplicative services, wasting precious financial and staff resources. There are a number of initiatives occurring in the state that attempt to combat the problems that occur as a result of a fragmented service delivery system. They are discussed in section 4.1.3.

As previously mentioned, New Jersey can be considered an urban state, with only 11 percent of New Jersey citizens residing in rural areas. Relatively small numbers of persons scattered over a large geographic area make service delivery more difficult and costly in rural communities.

Opportunities for employment, integrated living and other programs are greater in urban areas due to the increased density of population leading to easier distribution of services. Outreach activities must be heightened in rural areas as persons living in these areas are frequently more isolated than those in urban areas. Additionally, transportation is even more of a problem in rural communities than in urban. Mass transportation is frequently non-existent, meaning providers must give serious consideration to either providing transportation to programs, or having satellite program centers throughout a service area rather than one central location. Both options result in more costly services.

Finally, the number of minority persons residing in New Jersey must be addressed in planning for services. According to 1980 census data, minority persons make up 24 percent of New Jersey's population. In Essex County, more than half the residents are from a minority group. Programs are frequently not as accessible to minority persons as non-minorities. Lack of finances, transportation, awareness and language differences combine to make it more difficult for minority persons to become involved in services ostensibly available to them. Service planning must take into account the location and number of minority persons in a particular service area and then target outreach efforts toward these groups.

It is evident there are a number of issues which must be taken into account in planning services to developmentally disabled persons. Population characteristics, demographics, funding levels and the structure of the service system all impact upon the way services are planned and delivered. As a part of the planning process, the Developmental Disabilities Council establishes goals, objectives and specific activities, all of which are designed with these issues in mind.

4.1.2 The scope of services for persons with developmental disabilities

Services are available to individuals with developmental disabilities through public and private agencies. The majority of the agencies do not serve developmentally disabled persons as the only target group, but rather include developmentally disabled persons as one part of a broad group of eligible individuals.

Agencies which comprise the public service network are those located within the various departments of state government. While each agency in the public service network is organized and administered independent of one another, they all include developmentally disabled persons as a part of their target population.

Private agencies are organized in a variety of ways. Some provide specialized services for which all developmentally disabled persons are eligible, while others serve only a particular segment of the developmentally disabled population such as persons with cerebral palsy or mental retardation. Many services are provided by private agencies under a contract with state agencies. For instance, Adult Activity Centers and Work Activity Training Centers are administered by private agencies under contract with the state Division of Mental Retardation and the Division of Vocational Rehabilitation Services, respectively.

Each agency in both the public and private sectors provide some needed service(s) to selected segments of the developmentally disabled population. Together, these agencies comprise the network of services for developmentally disabled citizens of New Jersey.

Upon a review of the public service agency chart (4-1) it is evident that a number of service resources exist for developmentally disabled citizens of New Jersey. Handicapped children are eligible for comprehensive health and education services through the Departments of Health and Education. Developmentally disabled children whose diagnostic category includes mental retardation and autism are eligible for comprehensive social services through the Division of Youth and Family Services and the Division of Mental Retardation. Developmentally disabled adults whose diagnosis is mental retardation or autism are eligible for a wide range of services provided by the Division of Mental Retardation. Income maintenance for eligible persons is available through the Division of Public Welfare, while assistance in medical, rental, and transportation payments is provided through the Division of Medical Assistance and Health Services, the Rental Assistance Program, and New Jersey Transit, respectively. Vocational Training for developmentally disabled adults is available through the Division of Vocational Rehabilitation Services, while emotionally handicapped persons of all ages are served primarily through the Division of Mental Health and Hospitals. Information and referral specifically designed to serve developmentally disabled persons is available through SCRIP, and as its name indicates, the Division of Advocacy for the Developmentally Disabled provides advocacy services to all developmentally disabled citizens of New Jersey.

This section will identify those key public agencies providing services to persons with developmental disabilities and other handicapped persons. Following will be a discussion of private agency resources, gaps in services and Council activities directed toward filling those gaps. The agency descriptions which follow include information on the target population, budget and scope of services for each agency. Wherever possible, agencies were asked to estimate, of the total clients served, the number with developmental disabilities. Additionally, staff resources were determined.

The public agency descriptions include the following agencies:

Department of Community Affairs
Office of Recreation
Bureau of Housing Services

Department of Education
Division of Special Education
Division of Vocational Education

Department of Health
Maternal and Child Health Program
Special Child Health Services
Women, Infants and Children Supplemental Food Program

Department of Human Services
Division of Medical Assistance and Health Services
Division of Public Welfare
Division of Mental Health and Hospitals
Division of Mental Retardation
Division of Youth and Family Services
Statewide Computerized Referral-Information Program
Social Services Block Grant Program

Department of Labor
Division of Vocational Rehabilitation Services

Department of the Public Advocate
Division of Advocacy for the Developmentally Disabled

Department of Transportation
Office of Public Transportation Services

New Jersey Transit
Office of Special Services

University Affiliated Facility
University Affiliated Facility-Rutgers Medical School

Department of Community Affairs

Services and Resources of the Office of Recreation

Located in the Department of Community Affairs, the Office of Recreation, Division of Community Resources, administers three programs concerned specifically with recreation opportunities for handicapped people. The three programs are as follows:

1. Office on Community Recreation for Handicapped Persons.
2. Handicapped Person's Recreational Opportunities Program.
3. Office of Athletics for the Handicapped.

Office on Community Recreation for Handicapped Persons

The purpose of this office is to improve recreational opportunities for handicapped persons through the implementation of in-service education and training programs. During FY '84 the Office on Community Recreation for the Handicapped will concentrate on programs that implement the recreational components of P.L. 94-142 (The Education for All Handicapped Children Act).

Also provided by this office is technical assistance to agencies, parents and consumers by way of information and referral in locating, developing, expanding and evaluating recreation programs for disabled persons.

The budget for this program is $68,000, which is federally funded through a grant from the Office of Special Education and Rehabilitation Services.

Handicapped Persons Recreational Opportunities Program

This program provides financial assistance to municipalities and counties to provide specialized recreation programs for handicapped persons. Two types of recreation programs are provided: (1) special events and (2) continuous integrated recreation programs. These programs are provided in the least restrictive environment for the handicapped person, as they are a part of the municipality's or county's overall recreation program.

Grants are awarded in the amount of $5.00 for each $1.00 appropriated by the approved municipality or county. Grants totaling $150,000 were awarded in FY '84. Any county, municipality, school district or private nonprofit agency may apply. However, all applications must be made through a political subdivision. Since 1979, approximately 280 grants have been awarded.

Office of Athletics for the Handicapped

The purpose of this program is to increase the availability of sport training and competitive athletic opportunities for handicapped persons. The office provides financial and technical assistance to statewide, nonprofit, athletic organizations for the handicapped. Specifically, assistance is provided to New Jersey Special Olympics, New Jersey Tournament of Champions and the Association of Blind Athletics of New Jersey. The fiscal year 1985 budget for this program is $225,000.

Services and Resources of the Bureau of Housing Services

The Bureau of Housing Services, located within the Division of Housing, New Jersey Department of Community Affairs, administers a Section 8 Existing Housing Program established under the Housing and Community Development Act of 1974. The program assists very low income families to secure decent, safe and sanitary rental housing. This is made possible by assuring that no family in the program pays more than 30 percent of its gross monthly income toward the total monthly cost of rent and estimated utilities. The difference between the families rental payment and actual rent for the unit is paid directly to the family's landlord each month by the Bureau of Housing Services. Rentals for housing units included in the program must be within "fair market rent" limits set by HUD.

Although the program makes reference to very low income "families," single individuals who are 62 years of age or older, disabled, handicapped or displaced are eligible if they meet the income requirements set by the U.S. Department of Housing and Urban Development. Income limits for eligibility are determined according to the size of the family and the county in which the family (or individual) lives.

The Bureau of Housing Services serves the following 19 counties: Atlantic, Bergen, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union and Warren.

The goals of the Section 8 Existing Housing Program are:

1. To provide people with limited incomes the opportunity to pay a fair amount for housing while living in the area of their choice.
2. To reserve 20 percent of all units specifically for handicapped and/or elderly people, including the developmentally disabled.

To be eligible, a handicapped person must earn an income which is below the level set by the U.S. Department of Housing and Urban Development (HUD). Generally, any mentally or physically handicapped person paying over 30 percent of his or her income for rent is eligible. Additionally, federal regulations allow for the Section 8 Existing Housing Program to fund handicapped individuals living in group homes.

The Bureau of Housing Services is only one of the agencies administering Section 8 funds. There are many local agencies, most of them municipal or county housing authorities, which also administer the program. Persons who live within the jurisdiction of a local agency must first apply to the local housing agency. However, these local agencies are not required to set aside units specifically for the handicapped. Thus, it is reasonable to assume that most handicapped persons receiving Section 8 Assistance are clients of the Bureau of Housing Services.

In addition to the Section 8 Existing Housing Assistance Program, the Bureau of Housing Services is currently administering a Section 8 Moderate Rehabilitation Program to assist in the rehabilitation of buildings that require a moderate amount of restoration to meet established standards for housing. Buildings whose population is eligible for Section 8 funding qualify for the Moderate Rehabilitation Program. Eight hundred and seventy-seven units are currently funded under this program.

Of the 5,997 units currently funded under the Section 8 Existing Housing Program, 974 units are being utilized for handicapped persons. These units are in Atlantic, Bergen, Camden, Essex, Hudson, Middlesex, Monmouth, Morris, Somerset, Union and Warren Counties. In addition, the program reserves at least 20 percent of the remaining 5,023 units, approximately 1,005 for handicapped and/or elderly persons. Thus, approximately 1,979 units are potentially available to developmentally disabled individuals, as well as other handicapped and/or elderly persons. While it is not possible to determine exactly how many participants in the Section 8 Existing Housing Program are developmentally disabled, the bureau estimates that approximately 25 percent of its total units are utilized by handicapped persons.

The Section 8 Existing Housing Program is totally funded by the U.S. Department of Housing and Urban Development. The budgetary allocation for the program is contingent upon the number of housing units that are made available. The total agency budget for FY 1984 is $22,348,681. The average yearly per capita rental assistance payment is estimated to be $3,000.

Twenty-two administrative personnel are located in the central office in Trenton. A total of 51 field staff are employed by the Bureau of Housing Services. These staff members, who are considered para-professional personnel, are located in each of the counties in which the program operates. There are 35 field representatives in the state. While field representatives may refer program participants to landlords that have vacancies, clients must find their own apartments.

Evaluation activities include making special studies of various issues to justify requests for realistic Fair Market Rents and Annual Adjustment Factors. In the current fiscal year, ongoing rent surveys have been undertaken in almost every county. Evaluation techniques, also include solicitation of information from tenants and landlords concerning the quality of services provided. Field supervisors distribute a follow up questionnaire to tenants and landlords after six to twelve weeks in the program in order that they may evaluate the program's weak and strong points (including questions dealing with both the standard of housing and personnel effectiveness).

Program policies are reviewed in light of findings from the completed questionnaire. All rental units subsidized under the program must comply with safety, health and accessibility standards. Each unit is inspected annually. The program also conducts periodic spot checks on housing quality standards and the effectiveness of tenant/landlord briefings.

To ensure staff competency, the Bureau of Housing Service requires that all field staff members take a HUD authorized housing quality standard course. In addition, an effort is made to direct staff into relevant workshops and conferences sponsored by other agencies. Training money is available for education based on the relevance of the educational program to the job title.

Department of Education

Services and Resources of the Division of Special Education

The Division of Special Education is located within the New Jersey Department of Education. The division operates pursuant to the State Constitution and Title 18A:46 of the New Jersey Statutes Annotated. It is also responsible for carrying out the mandates of P.L. 94-142, the Education of All Handicapped Children Act. The division is responsible for the administration, planning and supervision of all state-funded special education programs and services for handicapped children in the public schools. Services are provided in order to maintain a thorough and efficient system of free public education in the state. The division also determines the eligibility of private schools to provide educational programs to handicapped students under contractural agreements with local boards of education. Developmentally disabled children are included in the target population of handicapped children served by the division. Local boards of education are responsible for the provision of services to handicapped children. Evaluation and classification of handicapped children are carried out by local child study teams. The basic child study team is composed of a school psychologist, school social worker and learning disability teacher-consultant. Evaluation by a physician is required for classification of a student. Other professionals, including medical and health professionals and teachers, may also be consulted by the child study team. The child's parents must be notified of and agree to the evaluation and classification and placement of their child. A mechanism for appeal and independent evaluation is available to parents who disagree with the decisions of the child study team.

A child is considered educationally handicapped when he or she is physically, emotionally, intellectually or socially impaired to such an extent that special education is necessary in order to function successfully in an educational program. In New Jersey, the following classifications are utilized:

- Mentally Retarded (Trainable or Educable)
- Visually Handicapped
- Auditorially Handicapped
- Communication Handicapped
- Neurologically or Perceptually Impaired
- Orthopedically Handicapped
- Chronically Ill
- Emotionally Disturbed
- Socially Maladjusted
- Multiply Handicapped
- Eligible for Day Training (Severely or Profoundly Retarded)
- Preschool Handicapped

Local boards of education are required to provide special education programs to students in each classification except for students deemed "eligible for day training." Programs for these children are the joint responsibility of the Department of Education and the Division of Mental Retardation.

During the 1983-84 school year students over three and under 21 were the primary target population of the division. A total of $3,800,000 of state and federal funds was earmarked to provide preschool programs for handicapped children. In FY '84 approximately 160,000 children received special education programs, of whom about 5,000 were preschool-aged handicapped. Developmentally disabled students are included in the various categories of handicapped conditions.

Due to the recent passage of a bill requiring preschool programs for handicapped children (P.L. 1981, Chapter 415), in the 1983-84 school year the target population the division is mandated to serve has been broadened. The law required local boards of education to identify handicapped children between the ages of three and five and provide them with special education programs and related services. In addition, local boards are responsible for proving information to parents on programs and services available to handicapped children under three years of age. Services for infants under three are the reponsibility of the Department of Education in conjunction with the Departments of Health and Human Services. Funding for services to infants will be phased in over three years as follows:

1,200 infants served in school year 1983-84;
2,000 in 1984-85; and
3,000 in 1985-86.

For FY 1984, the New Jersey Legislature appropriated $6.9 million to the Department of Education for the provision of early intervention programs.

P.L. 94-142 and New Jersey law require that each classified student have an Individualized Education Program (IEP). The IEP is developed by the children study team in cooperation with the pupil's parent(s), teacher(s) and administrator(s) having knowledge of the pupil's education performance and the pupil where

appropriate. The individualized program consists of two parts: a basic plan section, which consists of summaries of the child study team's findings, and an instructional guide section, which includes a planned schedule, instructional strategies, techniques, activities and any special instructions for media and material which are appropriate to the needs of the handicapped child. The IEP is reviewed annually with the parent(s) and revised as necessary.

The division is also responsible for statewide coordination of planning and implementation of child identification services. Identification activities include Project Child Find, and public awareness programs. Project Child Find utilizes a toll-free telephone number (800-322-8274) which is advertised through a statewide multimedia campaign. Approximately 400 children were received in 1983-84 by Child Find requesting information or referring children.

The total FY 1984 appropriation for special education services in the State of New Jersey was approximately $298,459,000. This includes state and local aid and totalling $254,269,000 and federal aid amounting to $40,000,000. The average per capita expenditure for special education, in special classes and resource rooms was $5,254.

The total number of personnel employed during the 1983-84 school year for services to the handicapped was 21,167. The specific breakdown of special education personnel was as follows:

Special Class Teachers	4,347
Resource Room Teachers	2,387
Supplemental Teachers	983
Preschool Teachers	281
Teachers/Coordinators Gifted and Talented	786
Bilingual/ESL Teachers	416
Voc. Ed. Teachers-Special Education	459
Phys. Ed. Teachers (adaptive)	209
Teachers Aides	2,785
School Psychologists	845
School Social Workers	894
LDTCs	1,080
Speech Correctionists	1,166
School Counselors	1,386
School Nurses	1,562
School Nurse Practitioners	33
School Physicians	267
Psychiatrists	75
Neurologists	62
Ophthalmologists	21
Optometrists	15
Otolaryngologists	9
Audiologists	30
Occupational Therapists	61
Physical Therapists	60
Recreation Therapists	8
Special Education Administrators	453
Other	437
Total	21,167

The Division of Special Education seeks to ensure a quality and sequential educational program for each handicapped resident in need of services. It is the policy of the state to require that each agency responsible for providing educational services to handicapped children ensure that those services are provided within the least restrictive environment for the individual child, and are comparable in quality and scope to the services provided to non-handicapped students.

Evaluation occurs at various levels in the system. Each local school district is required to evaluate every three years its own educational programs and services for the handicapped, and to submit to the state, a report on progress in conforming to the goals, objectives and plan of action. The Child Study Supervisor, in each of New Jersey's 21 counties has overall responsibility for the supervision of the special education programs and services of the local school districts in the respective counties they serve. Part of that responsibility involves

an annual monitoring of the local educational plan in accordance with the state's "thorough and efficient" law. In addition to the annual thorough and efficient monitoring procedure, the division conducts comprehensive evaluations of a sample of local school districts to determine whether or not procedures and activities of the local districts are fully in compliance to all state and federal rules.

The Division of Special Education sponsors conferences and workshops on the special needs of handicapped children through regional Learning Resource Centers. Also sponsored are in-service training programs for staff in the public and private schools.

Services and Resources of the Division of Vocational Education

The Division of Vocational Education, located within the state Department of Education, promotes the development of special and modified vocational education programs to meet the vocational needs of school-aged persons including adults. These programs are designed to increase an individual's employability through skill-oriented training programs. Developmentally disabled individuals are included in the division's target population.

The Division of Vocational Education provides technical assistance and direct financial aid to local school districts so they may develop and implement occupational training programs, vocational education programs, and vocational counseling and guidance services. The division engages in statewide planning and evaluation, curriculum development, personnel training and research. Special priority is given to the development of vocational education programs in areas of the state with a high incidence of unemployment and school dropouts.

Special activities for handicapped students, including those with developmental disabilities, center around improving access to vocational programs. Division objectives for 1985 are as follows:

1. Assist local education agencies and other eligible recipients in providing opportunities for more handicapped students to develop realistic vocational goals and employable skills by increasing their enrollments in occupational programs.
2. Cooperate with other institutions and agencies to coordinate the development and implementation of projects which are jointly planned to serve the needs of the handicapped.
3. Assist local educational agencies and other eligible recipients to establish, improve and maintain occupational programs and courses to serve the need of handicapped students on a level commensurate with the individual district authorizations.

The total projected agency budget for FY 1985 was $19,943,000. Federal funds accounted for $14,757,838, or 74 percent of the total. Special programs serving handicapped students received an appropriation of approximately $2,079,024. the Division of Vocational Education employs 57 professionals. This division maintains a close working relationship with the Division of Special Education in identifying needs and designing programs.

To ensure quality of services, the Division of Vocational Education utilizes an evaluation which includes self-report analysis surveys, site visits, planning, consultation and data collection. Technical assistance and supervisory services are provided to local educational agencies in order to develop, revise and improve programs. To ensure that each student receives the best possible services based upon his/her ability, the division has set up different types of vocational education programs, specially structured programs and innovative programs. Specialized programs are developed for each student receiving vocational education services in keeping with their Individualized Education Programs (IEPs). In the formulation of this plan, the student's needs, interests and abilities are taken into account. Other factors considered include: short- and long-term labor market needs and trends, concepts and innovative programs from research and professional literature. The priorities, policies, rules and regulations of the Department of Education are also taken into consideration when evaluating the quality of services provided and the delivery of such services.

Federal law mandates that all vocational education programs be evaluated every five years. The Division of Vocational Education has established an evaluation system to monitor services in addition to the method discussed above. Teams of program personnel evaluate programs in a particular school chosen at random. The teams assess the quality of the programs by reviewing whether the goals and objectives were met and by collecting and analyzing information regarding the types of employment programs graduates receive as they enter the labor force.

Department of Health

Services and Resources of the Maternal and Child Health Program

The Maternal and Child Health (MCH) program is part of Parental and Child Health Services, which is situated in the Division of Community Health Services within the New Jersey Department of Health. The main goal of the program is to improve the health of mothers and children in the State of New Jersey, with special emphasis on pregnant women, infants and preschool-aged children. The focus of the program is to prevent major health problems by contracting with local agencies; e.g., private nonprofit agencies, health departments, hospitals and medical schools, which provide a variety of health services to women and children. Among the programs provided are prenatal and perinatal care, child health supervision (routine care including physicals, evaluations and immunizations), and professional health training.

Eligibility for services is determined by the local agencies under contract to the Maternal and Child Health program for the provision of services. It is usually dependent upon the family income level and the number of persons per family.

Specific objectives established for the program include:

1. Provision of prenatal care services to those women who might otherwise have difficulty in obtaining access to such care. Approximately 11,000 women received such services during FY '84.
2. Continued expansion of child health services (child health supervision and immunization). Over the last fiscal year approximately 68,000 children were served by the Child Health Conferences; 3,000 were given medical services at the Children and Youth Project in Paterson; and 600 infants were served in the Neonatal Intensive Care Unit in Newark which is partially supported by a grant from MCH.
3. Provision of standards and guidelines are consultations for health services. Updating standards and guidelines as it becomes necessary.
4. Implementation of preventive measures with the expansion of screening programs for newborns, especially hypothyroid screening. It is estimated that at least 95 percent of the infants born are screened for hypothyroidism and PKU. Additionally, newborns are now also being screened for galactosemia and hearing impairments.
5. Education programs for health professionals. MCH supports courses, regional meetings and other types of education programs for health professionals.
6. Expansion of reporting and review of maternal deaths.
7. Collection, tabulation, review and promulgation of figures on maternity, newborn and child health services. These data are obtained through a variety of direct service agencies such as hospitals, health departments and medical schools.
8. Continued subsidization of family planning, dental and accident prevention and poison control programs.

For FY 1984, The Maternal and Child Health Program had an approximate total budget of $3,365,000, all but $70,000 of which is federal funds. There are currently 20 persons employed by the program. The service emphasis is on prevention, with approximately 80 percent of total expenditures on prenatal care.

Services and Resources of Special Child Health Services

Special Child Health Services program, with a combination of state and federal funds and under the supervision of the state Department of Health, promotes early identification, evaluation, diagnosis and treatment of children with special health needs and potentially handicapping conditions.

The program includes the following components:

Medical/Rehabilitation Services
Case Management Services
Genetic Services

Any infant or child under 21 years of age with special health needs as a result of a disease, defect or condition which may hinder normal growth and development may be eligible for services provided directly through the program or by agencies which hold a contract with the program.

To assure that handicapped children have access to necessary services, program funds are directed to support the development of comprehensive services in those agencies that serve a large population of indigent or medically indigent children.

The program and agencies funded by it utilize sliding fee scales which consider a family's ability to pay for needed services. Other third-party resources, including other governmental agencies which are authorized or under legal obligation to pay for such services, are considered first payor.

1. Medical/Rehabilitation Services

Scope of Services

1. In-patient Services

Passage of Chapter 83 of NJSA and its provisions for the reimbursement of hospitals for care to the medically indigent has necessitated that the program revise its methods of supporting inpatient care.

In 1982, the program announced that it would no longer provide direct financial assistance for coverage of in-patient care for children whose families had no other resources for payment. Instead, the program is contracting with selected hospitals in the state to liberalize their credit and collection procedures for those children who would traditionally have been eligible for financial assistance.

These contracts assure access to the following inpatient services; neonatal intensive care, specialized pediatric care and intensive rehabilitation.

2. Outpatient Services

a. Medical Evaluation/Diagnostic/Treatment Services

The program is supporting the development of comprehensive evaluation, diagnosis and treatment of children with multisystem diseases and disorders at three regional centers. A full range of specialty and subspecialty services are available to address the needs of children with chronic pulmonary disorders, cystic fibrosis, hematologic/oncologic diseases, cardiac diseases and disorders, and other multiple handicapping conditions. These centers are located at the three primary teaching hospitals of the University of Medicine and Dentistry of New Jersey.

In addition, the program funds three evaluation and treatment centers for children with craniofacial anomalies including cleft lip and cleft palate.

Child Evaluation Centers are also funded on a regional basis to provide for evaluation of those children who are showing evidence of neuro-developmental problems.

b. Neonatal Follow-up Programs

Support is provided to designated Level III—Regional Perinatal Centers to enhance periodic follow-up of infants who received neonatal intensive care and who are at risk for developmental disabilities. In addition to this service component, these programs also evaluate the effectiveness of specific forms of therapy and management provided during the perinatal period.

c. Comprehensive Rehabilitation Services

Outpatient rehabiliative services, including physical and occupational therapy and services for children with communication disorders are funded through free standing and hospital based programs. Services in some of these agencies are limited to the 0-3 population of infants at risk for developing handicapping conditions, but the majority provide services to children ages 0-21.

3. Purchase of Equipment, Drugs and Special Services

The program will provide financial assistance toward the purchase of braces, prosthetic devices and hearing aids if a family has no other resources to pay for such equipment.

Drugs for children (and for adults through state appropriations) with cystic fibrosis are purchased by the program for persons meeting financial eligibility criteria.

Limited support is available for skilled nursing care in the home and other services identified in a child's Individual Service Plan, which are not available from any other state agency. Prior program approval is required for these services.

Birth Defects Registry

State law requires that all infants born with a birth defect or disabilities be registered with the Department of Health to assure that each child received necessary health services.

As a result of the registration, parents are contacted either by a program or by a case manager to assure that the child is receiving necessary health services. Individually identifying information is not released except as previously noted.

The registry data is used by the program in its process of planning services. Approximately 800 infants and children are registered each month.

2. Case Management Services

To promote a more comprehensive and individualized service for handicapped children, Special Child Health Services established a Case Mangement Unit within its program. Its focus is directed toward the development of units in county health departments. They are nearer to the child's home, allow a personal, coordinated approach to the use of community services and thereby decrease duplication of services.

For the purpose of the Special Child Health Services program, Case Management is defined as a system which facilitates the provision of appropriate comprehensive services for handicapped children and their families. These services address the health needs of children. They contribute to the improved development of the child and include his/her educational, emotional, medical and social needs. Severely disabled children, such as those who are SSI recipients and/or those children receiving services from multiple agencies, receive priority.

Case Mangement as a goal directed system assists the child/family in their movement toward self-actualization through counseling and the development of an Individual Service Plan. This service plan identifies the needs of the child through the use of written objectives. The case manager monitors closely the receipt of services and the progress of the child.

Special Child Health Services Case Management Units are in operation in 19 of the state's 21 counties. In Somerset and Hunterdon Counties, where units have not been developed yet, case management services are provided directly by SCHS program staff.

3. Genetic Services Program

Voluntary genetic testing and counseling services are available on a statewide basis through a network of service centers funded by the Genetic Services Program. The network includes three major centers located at UMDNJ New Jersey Medical School (at Newark), UMDNJ Rutgers Medical School and Jefferson Medical College and nine satellite centers strategically located throughout New Jersey. All satellites have a formal affiliation with one of the major centers.

A sliding fee scale is used for all counseling and testing services if other third-party payment resources, including governmental agencies, are not available.

Services and Resources of the WIC Program

The Women, Infants and Children Supplemental Food program (WIC), located within the Department of Health, provides nutritious food supplements to pregnant, post-partum, and breast-feeding women, and to infants and children up to their fifth birthday, who are determined by competent professionals to be at nutritional risk and who also meet the residency and income criteria. Eligibility for services includes residence in an area served by the local WIC Program and an income lower than 185 percent of the poverty level. Persons are referred to the WIC Program by welfare agencies, other health service programs and community groups. WIC also refers clients to other available health service programs.

In FY '84, the WIC program served approximately 101,000 individuals, with a total budget of $30 million. The budget for FY '85 is expected to increase to $31 million. Further information on the WIC program may be obtained by calling the program office at (609) 292-9560.

Department of Human Services

Services and Resources of the Division of Medical Assistance and Health Services

The New Jersey Medicaid Program is a state and federal medical assistance program that pays medical bills for eligible needy persons, including the disabled. All payments are made directly to the providers of medical and other health care services.

Determining Agency	Category of Eligibility
County Welfare (CWAs)	Aid to Families with Dependent Children (AFDC) and Refugee Programs
Social Security Administration (SSA)	Aged, Blind and Disabled (Supplemental Security Income—SSI)
Division of Youth and Family Services (DYFS)	Children in Foster Care
CWAs makes determinations in community institutions such as long term care facilities. The Bureau of Local Operations, Division of Public Welfare, makes determination for patients in state and county psychiatric hospitals, including ICF/MR facilities.	Institutionalized Persons Who Require Medicaid Only

The following services, some of which require prior authorization, are covered by the New Jersey Medicaid program:

1. Physician services in the office, clinic or other medical facility;
2. Services for chiropractors, dentists, certified nurse midwives, podiatrists, psychologists and optometrists;
3. Early and Periodic Screening, Diagnosis and Treatment for Medicaid eligible from birth to age 21 years;
4. Prescribe drugs from a pharmacy;
5. Inpatient and outpatient hospital care;
6. Home health care, nursing home care and medical day care as planned by your physician;
7. Health Maintenance Organization (HMO) services in certain areas;
8. Clinic services including family planning and rehabilitation services, such as physical, speech and occupational therapies prescribed by a physician;

   Mental health services in a physician's office or approved mental health clinic;
10. Eyeglasses, hearing aids, artificial limbs, braces;
11. Medical supplies and equipment;
12. X-ray and laboratory services;
13. Ambulance and invalid coach prescribed by a physician;
14. Transportation to and from approved health care services when it is not otherwise available.

Some services require prior authorization from the division. For prior authorization information contact one of the following Medicaid District Offices:

Atlantic Medicaid District Office
1 South New York Avenue
Atlantic City, N.J. 08401
609-441-3620

Bergen Medicaid District Office
50 Main Street
Hackensack, N.J. 07601
201-488-5667

Camden Medicaid District Office
Parkade Building-Room 207
519 Federal Street
Camden, N.J. 08101
609-757-2870

Cumberland Medicaid District Office
(Cape May)
108 Landis Avenue
Vineland, N.J. 08360
609-696-6560

Essex Medicaid District Office
155 Washington Street
Newark, N.J. 07102
201-648-2470

Gloucester Medicaid District Office
(Salem)
251 N. Delsea Drive
Woodbury, Plaza, Suite B
Deptford, N.J. 08096
609-845-7185

Hudson Medicaid District Office
2815 Kennedy Boulevard
2nd Floor
Jersey City, N.J. 07306
201-433-8011

Hunterdon Medicaid District Office
(Somerset and Warren)
84 Park Avenue
2nd Floor
Flemington, N.J. 08822
201-782-1130

Mercer Medicaid District Office
28 West State Street
Room 1105
Trenton, N.J. 08608

Middlesex Medicaid District Office
75 Paterson Street (basement)
New Brunswick, N.J. 08903
201-246-0653

Monmouth Medicaid District Office
1200 Memorial Drive
Asbury, Park, N.J. 07712
201-775-5700

Morris Medicaid District Office
(Sussex)
10 Park Place
4th Floor
Morristown, N.J. 07960

Ocean Medicaid District Office
1861 Hooper Avenue
Toms River, N.J. 08753
201-255-6226

Passaic Medicaid District Office
100 Hamilton Plaza
(Market Street)
9th Floor
Paterson, N.J. 07505
201-977-4077

Union Medicaid District Office
125 Broad Street 6th Floor
Hersh Tower
Elizabeth, N.J. 07201
201-820-3135

The following special programs within the general New Jersey Medicaid program also serve patients who are developmentally disabled:

Early, Periodic Screening, Diagnosis and Treatment (EPSDT):
Enrollment is voluntary and restricted to children under age 21 years. In addition to general Medicaid coverage, outreach, follow-up and support services are provided by county social service staff.

Medicaid Personal Physician Plan (MP Plan):
This voluntary plan is an alternative to the existing Medicaid program. Family participants are entitled to all covered Medicaid services but must choose a participating primary care physician, who provides for all medical services and case management.

Community Care Program for the Elderly and Disabled (CCPED):
CCPED is a special three-year program that offers an array of home health services to those who meet the following eligibility standards:

1. Age 65 or more or determined disabled by Social Security Administration (SSA) and receiving Social Security disability payments and eligible for Medicare benefits;
2. Assessed as in need of SNF/ICF care;
3. Income and assets meet the program's financial guidelines;
4. Not currently eligible for Medicaid services in the community. Services include home health, medical

day care, medical transportation, homemaker, social adult day care, respite care, pharmaceutical and case management.

The waiver allows the development of 1,800 community care slots (600/year) to be phased in seven counties per year.

Home and Community Based Services Waiver for the Blind or Disabled Children and Adults (Medicaid's Model Waiver):

This program offers all covered New Jersey Medicaid services plus case management. This three-year renewable federal waiver program will service a maximum of 50 individuals who meet the following eligibility standards:

1. Blind and/or disabled children or adults who have been determined disabled under the Social Security Act or by the Division of Medical Affairs, Division of Public Welfare;
2. Assessed as in need of institutional care and meet, at a minimum, the Skilled Nursing (SNF)/Intermediate Care (ICF) level of care criteria but can safely be cared for in the home or community;
3. Income and assets meet the program's financial guidelines;
4. Not currently eligible for Medicaid services in the community.

Personal Care Assistant Services:

This is a new statewide service for individuals who do *not* receive Home Health Care Services. Personal Care Assistant Services accommodate long term maintenance care as opposed to acute or chronic levels of home health care. Services consist of health-related tasks performed by a qualified individual (not a family member) in the recipient's place of residence (private home, rooming or boarding home) if the following are met:

1. Performed under the supervision of a registered professional nurse;
2. Certified by a physician in accordance with a written plan of care; and
3. Prior authorized by the Division of Medical Assistance and Health Services.

For further information, contact the Division of Medical Assistance and Health Services at 609-292-7633.

Services and Resources of the Division of Public Welfare

The Division of Public Welfare (DPW), within the Department of Human Services, supervises and provides technical support to the 21 county welfare agencies and 567 municipal welfare departments, in the administration of income maintenance programs. The major benefit programs include the Aid to Families with Dependent Children (AFDC), the Food Stamp program, the Cuban/Haitian Entrant program, the Refugee Resettlement program, the Home Energy Assistance program and the General Assistance program.

The AFDC program is the largest cash assistance program. In FY 1984 the average monthly number of persons who received AFDC benefits was 397,490. The total expenditure was $498,592,000.

The Food Stamp program is the largest in terms of recipients and issued $265,679,022 in federal funds to 508,430 average monthly number of persons.

The Cuban/Haitian Entrant and Refugee Resettlement programs provided financial assistance to a monthly average of 1,528 persons in FY 1984. The total expenditure in federal funds was $1,906,607, or an average of $103.98 per month per person.

The Home Energy Assistance program is designed to help low income families pay their heating bills. The DPW distributed $47,219,000 in federal funds to an average monthly number of 534,410 persons.

The General Assistance program provided financial and medical assistance to a monthly average of 29,560 persons in FY 1983 (latest available figures). The total expenditures were $61,185,000. The state share of this figure was $43,978,000.

The DPW also administers the Child Support and Paternity program, which collected $46,059,000 in FY 1984 for AFDC cases and $126,347,056 for non-public assistance cases. This was a $30,000,000 increase over FY 1983.

In FY 1985 the AFDC and General Assistance grant levels were increased by 7 percent. There had been no grant increases in the General Assistance program for 10 years. The average grant for a single disabled individual was raised from $178 a month to $190 a month.

Generally, income maintenance for the developmentally disabled is provided under the Supplemental Security Income Program (SSI). This program is administered by the federal Department of Health and Human Services through local Social Security offices. Title XVI (SSI) provides cash payments to aged, blind and disabled persons. The payment levels are supplemented by state/county funds administered under contract by the federal Department of Health and Human Services.

SSI recipients also receive Medicaid benefits under Title XIX. Individuals who desire only medical care apply to the county welfare agency for the Medicaid Only program.

Individuals with developmental disabilities are eligible to receive SSI providing they meet the income and disability criteria. Payment levels are determined by the individual's living arrangements and household size (individual living alone versus couple). During FY 1984 the average monthly number of individuals receiving SSI benefits was 84,360, of which 55,630 were disabled or blind. The total SSI expenditures were $216,447,000. Of this, $189,635,000 were federal funds and $26,812,000 were state/county expenditures.

Detailed information on the SSI program, including applications, may be obtained at local Social Security offices.

The Division of Public Welfare maintains a quality control system by regularly conducting random sample reviews of county and municipal welfare cases. Error rates which exceed federal standards are subject to fiscal sanctions.

The Division of Public Welfare has been conducting an aggressive computer-based effort to improve efficiency, reduce waste and fraud and increase child support payments. The division also is establishing a statewide computerized system that will contain all information for AFDC and Food Stamp cases. This system is expected to reduce delays and errors in processing cases.

An ongoing initiative of this division is to help recipients become self-sufficient through projects such as work incentive and job training.

Services and Resources of the Division of Mental Health and Hospitals

The Division of Mental Health and Hospitals of the New Jersey Department of Human Services is charged with the coordintion and management responsibilities for those separate facilities, institutions and services involved in the comprehensive program of mental health in the state. The division contracts with the University of Medicine and Dentistry of New Jersey to operate Community Mental Health Centers in New Brunswick and Newark. The Division operates seven psychiatric hospitals in the state. They are:

Greystone Park Psychiatric Hospital
(serving Bergen, Hudson, Morris, Passaic, Sussex and Warren Counties)

Trenton Psychiatric Hospital
(serving Hunterdon and Mercer Counties)

Marlboro Psychiatric Hospital
(serving Essex, Middlesex, Monmouth, Ocean, Somerset and Union Counties)

Ancora Psychiatric Hospital
(serving Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem Counties)

Arthur Brisbane Child Treatment Center
(all counties)

Glen Gardner Center for Geriatrics
(all counties)

Forensic Psychiatric Hospital
(all counties)

Outpatient community services are provided through clinics located in each county of the state.

For FY 1985, $175,564,000 was appropriated to the Division of Mental Health and Hospitals. The appropriation for the operation of the psychiatric hospitals was $132,948,000.

The Division of Mental Health and Hospitals is responsible for providing a variety of services in offering a comprehensive program of mental health. These services include: outpatient and inpatient mental health services; transitional (i.e., psychiatric) and emergency services; partial hospitalization (i.e., weekday care);

consultation and education; research and evaluation; screening services where courts and other public agencies are assisted to determine the appropriateness of referrals to community mental health centers; follow-up care; transitional halfway house service; alcohol services and drug services; day care for school-age and adult persons; support services involving recreation and transportation; and case management services for protection, both social and legal. Services provided by the division are directed toward those persons who are mentally ill or in need of psychological counseling for crisis intervention services. The main objective of the Division of Mental Health and Hospitals is to provide the best mental health and support services for residents of New Jesey in the most therapeutically productive and humane setting at the hospital and community levels.

The goal of the mental health sytem is to provide comprehensive services to everyone in need. However, target populations have been established to assure that those who are most in need, and/or have traditionally been underserved, receive a reasonable level of services. These priorities are not to be construed as totally exclusionary. State-funded mental health program elements are directed to serve mentally retarded and other developmentally disabled individuals as they would any other person who falls within the priority groups listed in the Division of Mental Health and Hospitals' *Rules and Regulations Governing State Aid Under the Community Mental Health Centers Act.* Services are available to the developmentally disabled at any time providing the individual has a psychiatric problem.

During FY 1984, the Division of Mental Health and Hospitals provided services to 153,000 clients; that is 139,285 in community programs supported with state funds and 13,915 in the public psychiatric hospitals. From information currently available from the division's Unified Services Transaction Form System (USTF), approximately 1,300 individuals were considered to have a developmental disability in addition to a psychiatric problem. The USTF system is the standardized admission and discharge form used by all mental health agencies in the state. By definition, developmental disability includes mental retardation, cerebral palsy, autism and other similar neurological diseases. In addition, it is assumed that most of the 152 children served at the Arthur Brisbane Child Treatment Center and the 190 children served at Trenton Psychiatric Hospital fall within the category of developmentally disabled.

The Division of Mental Health and Hospitals and the Division of Mental Retardation work closely together to ensure that the multiply handicapped and developmentally disabled clients within each respective service system receive the most appropriate treatment interventions in the most suitable inpatient, residential and other community settings. Since July 1981, the two divisions have had mutually negotiated and endorsed procedures for referring and transferring clients who are in need of alternate services. Those procedures clearly delineate the developmental functions which serve, in part, to define the predominant disability and essential treatment needs of the client.

In recent years, the divisions have been planning, together, to develop placement sites and screening procedures and centers for clients identified as having dual diagnoses or multiple handicaps. One result of these efforts was the opening of the Developmental Center, an interdivisionally planned and funded residential facility on the grounds of Ancora Psychiatric Hospital, in September of 1984. It has two units under one executive director. One unit provides treatment for dual diagnosed clients. It will accommodate 30, is specially staffed, and serves as a short-term (four-month) placement for clients who are intellectually and emotionally impaired and who require specialized assessment and treatment planning for difficult behaviors. The other unit contains 74 beds and is intended as an interim setting for residents of state psychiatric hospitals who are awaiting placement in a developmental center or community residence and who have been placed via court order. Dual diagnosed clients within the first unit are referred from developmental centers and state hospitals. The "court ordered" unit accepts clients exclusively from the state hospitals.

The Division of Mental Health and Hospitals has been engaged in a cooperative venture with the Rental Assistance Program since 1976 to utilize rental assistance subsidy slots under the Section 8 specifically for the mentally ill.

Program evaluations of all community health centers are done at least four times a year. Each operating community health center is required to complete a structured performance report issued by the Department of Human Services. The operating center must ensure the availability of the basic elements of services and compliance with annual contract commitments. The Department of Human Services also conducts a program review of community mental health centers on a periodic basis. Each center must complete an annual consolidated applicaton, used as the basis for the program review. Administrative personnel and designated staff members of the community mental health centers are surveyed to determine whether the centers are operating in accordance with operating standards. Patients' records are examined to assure that quality service is being provided to residents. The level and quality of work the staff performs is examined by utilizing administrative

records. Failure of the center to comply with recommendations made in program review reports may result in the suspension of the performance contract and for funding until such time that the center complies with the recommendations.

To ensure proper aftercare treatment for each state psychiatric hospital patient, Discharge Oriented Service Plans are witten specifying the services to be received from a community mental health center upon discharge of the patient to that community agency. The individual plan is developed outlining the services to be provided to the person to aid him/her in making the transition into the community.

Services and Resources of New Jersey Division of Mental Retardation

The Division of Mental Retardation (DMR) is the agency within the state's Department of Human Services that is responsible for providing services to mentally retarded persons residing in New Jersey. Included in these services is residential placement—both institutional and community-based, day programming, case management, and support services, e.g., respite care and homemaker.

Eligibility for services from DMR, whether community or residential is determined at the regional office level. In general, to be eligible the individual must be mentally retarded and in need of service at the time the service is requested. The division seeks to provide a continuum of services to mentally retarded persons including institutional and community-based residential care, day programming for children and adults, case management, intervention and support services, information, evaluation, and the referral services.

In addition, DMR also provides services to autistic adults. The Community Services component of the division currently provides two day programs and has developed four group homes specifically for autistic adults. As recommented by the State Task Force on Autism, the division is planning to expand its services to the autistic population. To this end the division has funded the Autism Outreach Project, the main purpose being to provide an information and referral system for the autistic as well as evaluating the needs of the austistic statewide as a basis for future program development.

For all individuals under divisional services, Individual Habilitation Plans are compiled within 30 days of their admission to a functional service and are revised on an annual basis. The IHP is a written statement specifying an individualized program of care, education, and therapies designed to attain the optimal level of functioning.

Within the division, the Bureau of Guardianship provides services to individuals receiving functional services who require someone to look out for their best interests. Guardianship personnel ensure the protection of clients' rights, e.g., their receipt of appropriate care, treatment and training, as well as freedom from abuse, neglect or exploitation. They monitor services and individual programs to assure that they suitably address the client's needs. Substitute decision making on behalf of clients is exercised in those cases where the individual is not capable of making judgements and decisions for himself or herself. Sometimes this takes the shape of informed consent when authorization is required, e.g., for elective medical procedures.

Community Services

Community Services is that component of the Division of Mental Retardation responsible for serving those mentally retarded persons who reside in the community, either at home with their family or in alternate living arrangements such as group homes, family care and skill development homes, supportive living, supervised and unsupervised apartments. Placements in these homes are based on the individual's need for supervision and training.

In each of the division's four regions there is a Regional Administrator responsible for the overall operation of the region and the functioning of the following service units: case management, community development, day training, adult training, program support, and fiscal. The division's four regions and the Regional Administrator for each are:

Central Regional Office
Third Street, Building 5
Bordentown, N.J. 08505
Reg. Administrator—James Ferruggiaro
(609) 298-5981

Serving Mercer, Monmouth, Burlington, Middlesex, and Ocean Counties

Metropolitan Regional Office
35 N. Fullerton Avenue
Montclair, N.J. 07042
Reg. Administrator—Goldie Ellis-Naiven
(201) 744-3140

Serving Essex, Bergen, Hudson, Passaic, and Union Counties

Northern Regional Office
31 Fairmount Avenue
Chester, N.J. 07930
Reg. Administrator—John Cole
(201) 879-5022

Serving Sussex, Warren, Morris, Somerset, and Hunterdon Counties

Southern Regional Office
Route 30 & Elvins Avenue
Hammonton, N.J. 08037
Reg. Administrator—Gladys Goehringer
(609) 561-5070

Serving Camden, Atlantic, Salem, Cumberland, Gloucester, and Cape May Counties

The following is a brief description of the services provided by each of the units within Community Services.

Case Management Unit—The primary responsibility of this unit is to ensure that DMR clients residing in the community are receiving the social services, day programming, and appropriate support services necessary to enable the client to remain in the community. Case Management services are provided by the case managers to the regional office.

Community Development Unit—This unit has three major functions:

1. Intake—assisting the applicant in completing the process required in determining his/her eligibility for DMR services/referring that person to the agency that can more appropriately meet his/her needs.
2. Placement—recruiting sponsors/providers to develop community based residential placements, e.g., Family Care Homes, Skill Development Homes, supportive living, supervised and unsupervised apartments, and placing DMR clients in those living arrangements.
3. Support Services—providing, through the division's Home Assistance Program, services such as respite care, homemaker and assistive devices to mentally retarded people residing in the community.

Day Training Unit—provides day programming consisting of education, care and training in self-help and social adjustments, to mentally retarded persons aged 3 through 20 who have been determined "eligible for day training" by their local education authority. This service has been designed to provide for the severely and profoundly mentally retarded school-aged person. There are currently 21 Day Training Centers located throughout the state. Eighteen are state-operated centers; the remaining three programs are provided through purchase of services from private providers.

Adult Training Unit—provides community-based programming for mentally retarded persons age 21 and over who are ineligible for services from the state Division of Vocational Rehabilitation Services. The program seeks to make the client more independent and follows three approaches to accomplish this objective:

1. Practical Arts—clients are taught how to plan a menu, shop, cook, and clean.
2. Personal Awareness—the client's self-help skills are refined.
3. Work Activities—clients are encouraged to develop generic skills and habits through the performance of sub-contracting work, prime manufacturing, e.g., arts and crafts, and service work such as lawn maintenance, and cleaning services.

There are currently 72 Adult Training Centers throughout the state. Twenty-three are state-operated and 49 are provided through purchase of service with private providers.

Program Support Unit—is comprised of professionals from the following disciplines: education, psychology, nursing, physical therapy, speech therapy and occupational therapy. Some of the functions of this unit are eligibility review, programmatic intervention, crisis intervention, developing resources, and training staff, parents, clients.

The Fiscal Coordinator in each region is currently responsible for monitoring client funds and sponsor payments, and assists regional staff to ensure that applications for SSA/SSI entitlements are completed.

To provide the most comprehensive array of services to meet the needs of its clients, the division has contracted with several private providers for the following special programs:

1. Legal consultation and representation.
2. Behavior management techniques in the client's home/program setting.
3. Medical assessment and recommended follow-up care.
4. Preventive and specialized dental care.

Institutional Services

This component of the division is responsible for providing a total program to include residential care and habilitative services to mentally retarded persons who reside in one of our ten developmental centers or individuals in an approved private facility through the Bureau of Special Residential Services. Such services include the provision of food, clothing, training, supervision, psychological evaluation, education, and recreation. Each resident also receives medical and dental services.

The ten facilities operated by the division are:

1. Edison Habilitation Center—Edison, N.J.
2. Green Brook Regional Center—Green Brook, N.J.
3. Hunterdon Developmental Center—Clinton, N.J.
4. Johnstone Training and Research Center—Bordentown, N.J.
5. North Jersey Developmental Center—Totowa, N.J.
6. New Lisbon Developmental Center—New Lisbon, N.J.
7. North Princeton Developmental Center—Princeton, N.J.
8. Vineland Developmental Center—Vineland, N.J.
9. Woodbine Developmental Center—Woodbine, N.J.
10. Woodbridge Developmental Center—Woodbridge, N.J.

Renovations and reduction in population continued this past year in the developmental centers. This achievement was directly related to the division's committment to provide services in the least restrictive environment to meet an individual's needs and to improve the quality of care. Toward the end of this year, the major focus of the division was on the Non-ICF/MR units. As of June 30, 1984, 3,874 out of 5,816 clients were receiving care and training in ICF/MR cottages. Evaluation of staffing, programming, and physical structures were undertaken in attempting to achieve the goal of greater parity with the ICF/MR cottages.

Located within the division, the New Jersey Foster Grandparent Program mobilizes senior citizens to provide personal care, training, education, and companionship to mentally retarded persons under 18 years of age. The Foster Grandparents serve children in each of the developmental centers operated by the division.

The Bureau of Special Residential Services is an interim residential program of the Division of Mental Retardation. Individuals in the program reside in an approved private facility that is licensed to provide services to the mentally retarded. Residents are placed in private facilities when a suitable vacancy does not exist within New Jersey's public institutional system. On June 30, 1984, 916 clients were included in this program and 55 private facilities were being utilized.

Effective June 30, 1984, 5,769 clients were receiving services in the developmental centers. As of the same date, 916 clients were being provided services from the Bureau of Special Residential Services, 1,006 from Day Training, and 2,186 from Adult Training. The Office of Guardianship serviced 6,783. Of the total population served by Guardianship, 4,825 were residents of the developmental centers, 280 were in private facilities and 1,678 were in a community program.

As of June 30, 1984, 1,739 clients received Case Management Services while residing in their own home. An additional 2,511 clients received Case Management Services while living in alternative community placements such as Skill Development Homes, Group Homes, Family Care, and supervised and unsupervised apartments. One thousand thirty-three (1,033) individuals received support through the Home Assistance Program which includes respite care and homemaker services, assistive devices, and parent training.

The total FY 1984 adjusted appropriation to the Division of Mental Retardation was $252,858,230. ICF monies amounted to $72,600,000, direct state aid was $159,466,731 and other (SFEA other federal) amounted to $20,811,499.

For FY 1984, $190 million was appropriated for the operation of the Developmental Centers. Total cost of contracted services for private facilities was $18.4 million, Family Care $1.5 million, Group Homes $17.6 million and Skilled Development Homes $1.9 million. Total program expenditures for Adult Training were $8.2 million, Day Training $1.1 million and Home Assistance $800,000. Home Assistance is defined as homemakers, respite care, and assistive devices.

DMR programs utilize a variety of evaluation strategies to monitor and improve the quality of services provided. All facilities operated or utilized by the division are regularly inspected to ensure the quality of program services and facility conditions.

Services and Resources of the Division of Youth and Family Services

The Division of Youth and Family Services (DYFS) is the comprehensive social services agency for children and families in New Jersey. Located within the state Department of Human Services, it engages in planning and providing services aimed at preserving and strengthening the family. Disabled children, the developmentally disabled included, are eligible for services, along with the general population. Additionally, the Division of Youth and Family Services is the agency within the Department of Human Services responsible for providing services to autistic persons under the age of eighteen. The Division of Youth and Family Services provides a spectrum of services through 32 district offices and four regional adoption centers. These offices are listed below:

NORTHERN

Bergen District Office
190 Main St.
Hackensack, NJ 07601
201-487-5380

Jersey City District Office I
(Southern Jersey City and Bayonne)
473 Broadway, Bayonne, NJ 07002
201-858-0110

Jersey City District Office II
(Northern Jersey City)
550 Summit Ave.
Jersey City, NJ 07306
201-653-5750

Morris District Office
121 Center Grove Rd.
Randolph, NJ 07869
201-361-8400

North Hudson District Office
(Municipalities North of Jersey City)
550 Summit Ave.
Jersey City, NJ 07306
201-653-5750

Passaic/Clifton District Office
675 Main Ave., 6th Floor
Passaic, NJ 07055
201-773-8607

Paterson District Office
370 Broadway
Paterson, NJ 07501
201-742-1428

Sussex District Office
200 Woodport Rd.
Sparta, NJ 07871
201-729-9163

Warren District Office
325 Front St.
P.O. Box 126
Belvidere, NJ 07823
201-475-3903

METROPOLITAN

Newark District Office I
1100 Raymond Blvd., Room 305
Newark, NJ 07102
201-648-4200

Newark District Office II
1100 Raymond Blvd., Room 101C
Newark, NJ 07102
201-648-2400

Newark District Office II
1180 Raymond Blvd., 9th Floor
Newark, NJ 07102
201-648-6150

Plainfield Branch
700 Park Ave., 3rd Floor
Plainfield, NJ 07060
201-499-5825

Suburban Essex District Office
123 Cleveland St.
Orange, NJ 07050
201-648-3100

Union District Office
80 Broad St., 3rd Floor
P.O. Box 602
Elizabeth, NJ 07201
201-648-4777

CENTRAL

Asbury Park Office
705 Summerfield Ave.
Asbury Park, NJ 07712
201-988-4300

Freehold Office
P.O. Box 3000
Freehold, NJ 07728
201-431-6060

Hunterdon District Office
52 Main St.
P.O. Box 648
Flemington, NJ 08822
201-782-8784

Long Branch Office
Garfield Grant Building
279 Broadway
6th Floor
Long Branch, NJ 07740
201-870-3400

Mercer District Office
1901 North Olden Ave.
Trenton, NJ 08618
609-984-6300

Middlesex District Office
78 Carroll Place
New Brunswick, NJ 08901
201-249-4880

Middletown
1 Main Street
Eatontown, NJ 07724
201-542-2207

Monmouth Family Center
P.O. Box 3000
Freehold, NJ 07728
201-431-6222

Ocean District Office
954 Lakewood Rd.
Toms River, NJ 08753
201-244-4300

Perth Amboy District Office
271 Hobart St.
Perth Amboy, NJ 08861
201-324-1700

Red Bank Office Crisis Center
248 Broad St.
Red Bank, NJ 07701
201-747-7171

Somerset District Office
73 East High St.
Somerville, NJ 08876
201-722-2224

SOUTHERN

Atlantic District Office
26 South Pennsylvania Ave.
Atlantic City, NJ 08401
609-441-3232

Burlington District Office
50 Rancocas Rd.
Mount Holly, NJ 08060
609-267-7550

Camden District Office
808 Market St.
P.O. Box 738
Camden, NJ 08101
609-757-2700

Cape May District Office
Rt. 47 and 9 Social Services Building
P.O. Box 222
Rio Grande, NJ 08242
609-886-1105

Cumberland District Office
40 East Broad St.
Bridgeton, NJ 08302
609-696-6590

Gloucester District Officer
Southwood Shopping Center
Route 45
Woodbury, NJ 08096
609-848-6604

Salem District Office
Salem Middle School
New Market St.
Salem, NJ 08079
609-935-6350

REGIONAL ADOPTION CENTERS

NORTHERN (Bergen, Morris, Passaic, Sussex and Warren)

Adoption Resource Center
100 Hamilton Plaza
Paterson, NJ 07505
201-345-9550

METROPOLITAN (Union and Essex)

Adoption and Foster Home Resource Center
1180 Raymond Blvd.—Room 1740
Newark, NJ 07102
201-648-4550

CENTRAL (Mercer, Middlesex, Hunterdon, Monmouth, Ocean and Somerset)

Adoption Resource Center
719 Alexander Road
Princeton, NJ 08540
609-452-7611

SOUTHERN (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem)

Adoption Resource Center
392 N. Whitehorse Pike
P.O. Box 594
Hammonton, NJ 08037
609-567-0010

The division purchases additional services from private providers. Specific services include: protection for abused, abandoned and neglected children and therapeutic services for their parents; casework and counseling; day care; homemaker services; parole supervision for certain juveniles; foster care; group care and residential services; adoption; information and referral medical services and maintenance to expectant mothers; medical and dental services for those children in placement excluding those in state institutions not run by the Division of Youth and Family Services; and a 24-hour toll-free number to report cases of child abuse. Children and their families who are residents of New Jersey and in need of the services offered by the Division of Youth and Family Services are eligible.

The Division of Youth and Family Services places emphasis on protective and supportive social services that meet the special needs of children and their families, in order to meet the following broad objectives: to provide for the mental and physical safety of children and to strengthen and stabilize the family environment so the child can remain with the family; to arrange and monitor temporary placement with foster families when the child cannot remain with the natural family; to provide and arrange for specialized treatment plans or facilities for children who cannot remain in the community for various reasons; to provide and ensure the necessary day care facilities and service levels and to expand community social service program resources for the benefit of the individual and the family.

While there is no information available regarding the total number of developmentally disabled individuals served by the division, 100 autistic children were provided residential services through the Division of Youth and Family Services in FY 1983. Additionally, through a federal grant in operation in the Metropolitan Regional office, the Division of Youth and Family Services has begun a program of screening abused and neglected children for developmental disabilities. During the spring of 1982, protective service workers in the Metropolitan Region were trained in developmental screening for children aged zero through four. Workers were trained to include an initial screening to identify children who may have a developmental disability in their investigations of cases of abuse and neglect. Once a child has been identified as being at risk of having a developmental disability, referral is made to the appropriate agency for evaluation and diagnosis. (During July through September of 1982, 30 referrals were made for evaluation. Of these, approximately 50 percent required additional services.)

The Division of Youth and Family Services employs a staff of approximately 2,800 with a total budget of $176,500,000 in FY 1984. The state appropriation totaled $76,000,000, with $21,200,000 expended on residential services. During FY 1984 1,250 children received residential services.

The Bureau of Licensing establishes and monitors private and Division of Youth and Family Services operated facilities. The inspection process is conducted by a team of inspectors and takes a period of two to four days. These visits are conducted on a yearly basis. There is also a progam review staff which consists of four full-time employees who visit, observe and provide technical assistance at the various sites on a more regular basis. The number of visits that members of the program support staff make to a site depends on the amount of technical assistance that a particular facility needs, the kind of services provided, the nature of population served and the quality of services and level of care provided. The severity of health, safety or programmatic violations dictates the nature of the action taken with a program. Necessary recommendations for correction

are made and technical assistance is provided. Corrections must be made within a certain time frame. If the violations are not remedied, then action can range from suspension of referrals to the program to removal of clients from the program. Treatment plans are compiled on each child 30 days after he/she is placed. Ninety days after the plan is in effect it is reviewed in order to revise and upgrade the quality of the treatment plan.

A formal system of review was established under the Child Placement Review Act. This provides for an external examination of placement plans for children in non-permanent settings and is felt to be an additional assurance of provision of quality services.

Services and Resources of the Statewide Computerized Referral-Information Program (SCRIP)

The Statewide Computerized Referral-Information Program (SCRIP) is funded and operated by the New Jersey Developmental Disabilities Council to provide information and referral services to developmentally disabled persons in New Jersey. SCRIP lists 1,550 facilities in its computerized data base, supplemented by numerous directories, catalogs, newsletters, files, and other sources of information. Resources such as schools and colleges, evaluation and treatment centers, recreation and leisure programs, adaptive or specialized equipment, vocational training, and so on, may be obtained by calling a toll-free number (from within New Jersey) or the Council office (from outside New Jersey).

SCRIP is available to disabled persons, their families, professionals, and others in need of referral to specific services because of a disability or handicapping condition. SCRIP is a prescriptive service in that information on the individual (i.e., sex, age, disability, type of service desired, geographical location) is matched with appropriate programs and agencies.

SCRIP responded to requests from more than 4,000 people in FY '84, at a per capita cost of about $15 per person. In addition to helping persons with disabilities locate services, SCRIP provides information to planners and to persons interested in beginning general or special-interest computerized information and referral services.

The availability of SCRIP is publicized through the distribution of *Interface*, brochures and posters, advertisements in other newsletters, human services and telephone directories, as well as a slide presentation explaining SCRIP at conferences and to other interested groups.

In order to ensure the accurate and current data is readily available from SCRIP, facilities are formally surveyed by a computer-produced customized questionnaire every 18 months; informally, agencies are surveyed periodically and more frequently by phone for updates.

Postal feedback cards are mailed to inquirers with each SCRIP printout. The card allows several lines for persons to notify SCRIP of any corrections needed based on their use of the resources. Suggestions for improving SCRIP are also solicited. Operation of the SCRIP system is regularly monitored by the Public Information Committee consisting of members of the Developmental Disabilities Council.

SCRIP may be reached by calling or writing:

SCRIP
New Jersey Developmental Disabilities Council
108-110 North Broad St.
CN 700
Trenton, NJ 08625
(800) 792-8858 (if calling from within New Jersey)
or
(609) 292-3745 (if calling from outside New Jersey)

Services and Resources under the Social Services Block Grant Program (Formally Title XX).

The Office of Human Services Planning is located in the Office of the Deputy Commissioner of the Department of Human Services. It is responsible for the preparation of the Pre-Expenditure Report for the Social Services Block Grant (SSBG) Program which outlines the recommended allocation of program funds. The office works with state and local Human Services Advisory Councils in developing its allocation plans.

The following are the national goals as outlined by the SSBG regulations. These goals relate to the service needs of persons with developmental disabilities.

1. Enabling people to achieve or maintain self-sufficiency (the ability to care for themselves) so as to prevent or reduce dependency;

2. Enabling people to achieve or maintain economic self-support in order to prevent, reduce, or eliminate dependency;

3. Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interest, or preserving, rehabilitating or reuniting families;

4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; or

5. Enabling people to secure referrals or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

With the elimination of federal eligibility requirements for SSBG the department has consolidated SSBG eligibility into existing intra-departmental standards, and relaxed requirements for other state departments.

Eligibility criteria for services provided by other state departments are determined by need for service and family income relative to the national poverty level or 80 percent of the state median income adjusted for family size.

Assuming the amount of money appropriated by Congress is acutally distributed to the state, the Department of Human Services will receive in FY '85, $97.5 million in federal SSBG funds. This includes $4.2 of the $5.5 million increase in the FY '84 allocation, which will be carried over and expended during SFY '85, the $85.8 million annual SSBG allocation and $7.5 million the department has elected to transfer into the SSBG program from the Low Income Energy Assistance Block Grant.

Since the inception of the SSBG, the federal-state match requirement has been eliminated. However, New Jersey has elected to maintain a match requirement for its contractees. This requirement generates approximately $50 million additional SSBG funds.

The department has identified two goals in its dispersement of SSBG funds:

1. To protect vulnerable and disabled populations.

2. Improve relationships with county human service representatives.

Because the department is responsible for ensuring services are delivered to those most in need, it must target its limited resources effectively. The department has, therefore, identified the following target populations, essential services and geographic areas as its priority:

Target Populations

- persons at risk of abuse, neglect or abandonment;
- victims of abuse, neglect or abandonment;
- persons experiencing emotional disorders;
- persons at risk of institutionalization;
- persons inappropriately institutionalized;
- persons physically handicapped, visually and hearing impaired;
- persons developmentally disabled;
- underserved minority population;
- low income persons.

Essential Services

- Crisis intervention screening and emergency services;
- Protective Services;
- In-community residential alternatives
  - emergency placements
  - permanent or transitional placements;
- Day Care;
- Homemaker;
- Linking services
  - Information and referral
  - Case management
  - Transportation
- Advocacy
- Counseling/Treatment

In order to both respond to limited resources effectively and to improve its relationships with the counties, the New Jersey Department of Human Services is moving to decentralize planning and resource allocation decision to the county level. The Department of Human Services has encouraged the establishment of Human Service Advisory Councils within each of the 21 counties of New Jersey. Every county has a fully certified Advisory Council. These councils will identify human service needs and priorities, define the local service system and make recommendations to the state as to the allocation of resources.

The Department of Human Services hopes that by allowing the counties to plan for services, three goals will be achieved. First, administrative functions and service delivery will improve through a consolidation of services where indicated, ensuring a more efficient allocation of available resources and the provision of more relevant services. Again, it is assumed that local human service representatives are in a better situation to make recommendations in this area than is the state. Next, the state hopes to improve its relationship with counties as this process will more clearly define the role of both the state and county in service delivery. Additionally, the state will have a direct line of communication to counties, and vice versa, through the County Human Service Advisory Councils. Also, as the County Human Service Advisory Council will be responsible for developing program and resource recommendations, this process will allow for a greater degree of local influence. Finally, as previously mentioned, it is the department's priority that services needed by vulnerable and disabled persons are protected in any service reductions. The department believes that counties will be better equipped to set priorities which will ensure that the most needy and/or disabled persons are not adversely effected by limited resources.

The councils are responsible for allocating SSBG funds to private agencies who serve persons with developmental disabilities. Additionally, the department allocates funds directly to state agencies such as the Division of Mental Retardation and the Division of Vocational Rehabilitation Services.

The Division of Mental Retardation is scheduled to receive $5,912,921 in state and federal SSBG, monies are utilized to fund adult activities, day care for children, companionship services, guardianship services and homemaker services for approximately 8,000 clients of the Division of Mental Retardation who reside in the community.

The Division of Vocational Rehabilitation Services utilizes its SSBG allocation to fund the Work Activity Training Center programs. The Division of Vocational Rehabilitation Services is estimated to receive $619,617 in state and federal SSBG funds, allowing it to serve a little under 200 persons in its Work Activity Training Centers.

A total of $6,532,538 in SSBG funds and matching state grants will be allocated for services to persons with developmental disabilities. The per capita costs of services to persons with developmental disabilities funded by SSBG is not available due to the varied types of services provided.

To ensure the quality of services provided to developmentally disabled citizens under the SSBG program, regular evaluation and monitoring of programs is done by the Division of Mental Retardation and the Division of Vocational Rehabilitation Services.

Department of Labor

Services and Resources of the Division of Vocational Rehabilitation Services

The Division of Vocational Rehabilitation Services (DVRS), located within the Department of Labor, is responsible for providing vocational rehabilitation services to disabled citizens of New Jersey. Twenty field offices scattered throughout the state make services accessible to each of the 21 counties. Local DVRS offices are listed below:

ATLANTIC COUNTY
1545 Pacific Avenue
Atlantic City, NJ 08401
(609) 441-3080

BERGEN COUNTY
10 Banta Place
Hackensack, NJ 07601
(201) 487-7890

BURLINGTON COUNTY
Route 130 North
Willingboro Village Mall
Willingboro, NJ 08046
(609) 871-6800

CAMDEN COUNTY
2600 Mt. Ephraim Avenue
Camden, NJ 08104
(609) 757-2781 or 82 or 83

CAPE MAY COUNTY
Cape May County Social Service Complex
7-9 Delsea Drive, Rt. 47
Rio Grande, NJ 08242
(609) 886-9451

CUMBERLAND/SALEM COUNTIES
22 Washington St.
Bridgeton, NJ 08302
(609) 451-9098 or 9052 or 9058 or 5043

ESSEX COUNTY
80 Mulberry St., Room 201
Newark, NJ 07102
(201) 648-3367

ESSEX (SUBURBAN)
20 Evergreen Place, 4th Fl.
East Orange, NJ 07018
(201) 266-1870

GLOUCESTER COUNTY
81 Cooper Street
Woodbury, NJ 08096
(609) 848-5300

HUDSON COUNTY
2815 Kennedy Boulevard
Jersey City, NJ 07306
(201) 337-7766

MERCER COUNTY
150 E. State St.
Trenton, NJ 08625
(609) 292-2940

MIDDLESEX COUNTY
29 Livingston Ave. & New St.
New Brunswick, NJ 08901
(201) 545-8120

MONMOUTH COUNTY
1 Main Street, Suite 302
Eatontown, NJ 07724
(201) 389-3311

MORRIS COUNTY
7 Sussex Avenue, 2nd Fl.
Morristown, NJ 07960
(201) 539-3660

OCEAN COUNTY
Toms River Mall
1214 Hwy 37
Toms River, NJ 08753
(201) 929-9404

PASSAIC COUNTY
370 Broadway
Paterson, NJ 07501
(201) 977-4285

SOMERSET/HUNTERDON COUNTIES
352 E. Main Street
P.O. Box 279
Somerville, NJ 08876
(201) 526-0550

SUSSEX/WARREN COUNTIES
Doctor's Park
Seber Road, Bldg. 4
Hackettstown, NJ 07840
(201) 407-7890

UNION COUNTY
125 Broad Street
Elizabeth, NJ 07208
(201) 820-3112

It is the policy of the Division of Vocational Rehabilitation Services that appropriate vocational rehabilitation programs be available to all disabled citizens of New Jersey. In order for this policy to be realized, a continuum of services which respond to the distinct vocational needs of each client must be available.

The division has developed three classifications to categorize its programs. The first, traditional programs, include those facilities offering vocational evaluations, Work Activity Training Centers, special skill programs, and sheltered employment programs. The second classification is psycho-social programs, including those facilities offering evaluation and work adjustment services to persons with a psychiatric disability. Psycho-social programs also include vocational training and/or transitional employment programs. The third classification is medical programs, which are facilities having a physical medicine department and vocational evaluation programs.

The Work Activity Training Center (WATC) program is of special interest as it is designed specifically for adults whose disability is so severe that they are presently prevented from entering a sheltered workshop program or competitive employment. Components of the WATC program include: activities of daily living skills, education, recreation and use of leisure time, social services, personal adjustment, vocational evaluation, travel training, transportation, independent living skills, parental (guardian) consultation, and vocational training so an individual may be able to progress to sheltered or competitive employment. Referrals to the WATC program are made directly to the local facilities, listed below:

1. Atlantic Opportunity Center
   Egg Harbor, NJ
   (609) 965-6871

2. Bergen/Passaic Association for Retarded Citizens
   Haledon, NJ
   (201) 956-9363

3. Burlington Association for Retarded Citizens
   Hainesport, NJ
   (609) 267-5453

4. Cerebral Palsy Association
   Edison, NJ
   (201) 549-5580

5. Monmouth Association for Retarded Citizens
   Shrewsbury, NJ
   (201) 747-2928

6. Raritan Valley Workshop
   North Brunswick, NJ
   (201) 828-8080

7. Somerset Association for Retarded Citizens
   Manville, NJ
   (201) 725-8544

8. United Cerebral Palsy League of Union County
   Union, NJ
   (201) 354-5800

The Division of Vocational Rehabilitation Services administers the state-funded Sheltered Workshop Extended Employment Program. During FY '83 Services were provided to 2,865 clients at a cost of approximately $5,000,000. The Sheltered Workshop Extended Employment program provides vocational rehabilitation services leading to the placement in competitive employment of approximately 7 percent of the participants per year. The program is contracted through private, not for-profit, community programs. DVRS also administers an Independent Living Project through subcontracts to two Independent Living Centers, 1) DIAL—Disabled Information Awareness and Living in Clifton, and 2) HIP—Handicapped Improvement Program in Englewood. These centers provide services such as information and referral, advocacy, peer counseling and training in independent living skills to assist severely disabled persons to participate more fully in community life. Most of their clients are too severely handicapped to enter a vocational program, although some may eventually do so. This program has been receiving an annual grant of $299,000 from the Rehabilitation Services Administration and has served in some capacity over 1,500 people in the past year.

Eligibility for vocational rehabilitation services is determined by the presence of a physical or mental disability which results in a substantive handicap to employment and a reasonable assurance that services will benefit the individual in terms of his or her employability. Amendments to the Rehabilitation Act of 1973 mandated that the severely disabled be given priority by the division. A thorough diagnostic study is undertaken by the division to determine the vocational goals of the handicapped individual. An Individualized Written Rehabilitation Plan (IWRP) is developed and is periodically reviewed and revised. The IWRP is reviewed on the average of once every two months. At the completion of diagnostic services, financial needs tests are often administered in order to determine if financial participation on the part of the client is possible in the purchasing of services outside of the Division of Vocational Rehabilitation Services.

The establishment of financial need is a condition for the provision of the remaining vocation rehabilitation services for the handicapped. Physical and mental restorative services may be provided in order to correct, or substantially modify in a reasonable period of time, a physical or mental condition which is stable or slowly progressive. Such services include medical or corrective surgical treatment, dentistry, short-term nursing services, drugs and supplies, prosthetic, orthopedic and other devices, eyeglasses, physical, occupational, speech or hearing therapy, and other medical rehabilitation services.

During FY 1984, the Division of Vocational Rehabilitation Services had an open caseload of approximately 17,000 persons, of whom as many as 4,000 are developmentally disabled. By defining developmental disabilities categorically (cerebral palsy, autism, mental retardation and epilepsy), the divison currently has an active caseload of approximately 2,000 developmentally disabled persons.

The budget for fiscal year 1983 was $23,600,000 with an average cost per client of $4,394.

Department of the Public Advocate

Services and Resources of the Division of Advocacy for the Developmentally Disabled

The Division of Advocacy for the Developmentally Disabled is located within the Department of the Public Advocate. Originally created pursuant to the Developmentally Disabled Assistance and Bill of Rights Act (P.L. 95-602), the state legislature demonstrated its continued commitment to the protection of the rights of developmentally disabled citizens in passing Chapter 444 of the Public Laws of 1981, therein giving legislative recognition to the program.

Pursuant to federal and state law, the Division of Advocacy for the Developmentally Disabled provides advocacy services on a statewide basis to developmentally disabled individuals or their representatives. The Division also operates the Client Assistance Project, which serves clients, regardless of the nature of their disability, who are experiencing problems relating to successful rehabilitation.

The goals of the Division of Advocacy for the Developmentally Disabled are:

1. To secure the rights of citizenship for all developmentally disabled people in New Jersey.
2. To foster coordination among the division and private and public agencies providing services to developmentally disabled people in New Jersey.
3. To promote training and education of the general public and professionals to perform advocacy functions.
4. To encourage the coordination of a comprehensive system of protection services.
5. To promote awareness of the existence and activities of the Division of Advocacy for the Developmentally Disabled.

Although services are provided on a discretionary basis, threshold eligibility for services of the division is the possession of a disability which is in accordance with the definition of a developmental disability as set out in P.L. 95-602. The state legislature allowed for the division to serve, within the limits of available funding, other handicapped persons found by the Public Advocate to have needs similar to developmentally disabled persons. To be eligible for services of the Client Assistance Project, an individual must have a disability which interferes with working and must be a recipient or past recipient of services from the Division of Vocational Rehabilitation Services, or the Commission for the Blind and Visually Impaired.

Services provided by the Division of Advocacy for the Developmentally Disabled are:

1. Negotiating on behalf of developmentally disabled persons to secure their rights as citizens.
2. Providing individual and class representation as cases present themselves.
3. Promoting training of parents, guardians, guardianship workers, relatives, and friends of developmentally disabled persons to be advocates or to obtain advocacy services.
4. Representing, at the discretion of the Commissioner of the Department of the Public Advocate, interests of incompetent individuals as court-appointed counsel and/or guardian ad litem.
5. Representing individuals at administrative hearings.
6. Advising and counseling, negotiating for, and suing on behalf of clients.
7. Making appropriate referrals to other agencies.
8. Ensuring the federal and state agencies meet their mandates under the law.

It is not possible to determine the precise number of developmentally disabled people benefiting from activities of the division because action taken on behalf of one individual or class of individuals may impact upon the entire developmentally disabled population. However, the core office is expected to provide direct advocacy services to approximately 1,100 individuals for federal fiscal year 1985. During the same period, the Client Assistance Project is expected to serve approximately 400 clients.

The division is currently operating at full capacity by endeavoring to serve as many developmentally disabled residents of the state who meet the eligibility requirements as possible. The number served is limited, however, due to a finite number of staff personnel.

The staff of the Division of Advocacy for the Developmentally Disabled is composed of six attorneys, six field representatives, one program development specialist and four secretaries. The staff is divided between the core office in Trenton and the Client Assistance Project.

During FY 1984, the combined federal and state appropriation to the Division of Advocacy for the Developmentally Disabled was approximately $700,000. It is not possible to indicate the per capita expenditure by service nor the per capita cost per service. Due to the uniqueness of each case, the amount of resources expended through money and/or person hours is contingent upon the related facts and circumstances of the individual case.

Evaluations of the Division of Advocacy for the Developmentally Disabled are conducted on a regular basis. The State Plan for Protection and Advocacy for the developmentally disabled serves as one mechanism for evaluation. Quarterly reports are submitted to the Commissioner of the Department of the Public Advocate and the federal Administration on Developmental Disabilities Office.

The division was externally evaluated on three occasions in 1981 and again in 1982. The federal Rehabilitation Services Administration evaluated the Client Assistance Project, while the Department of Health and Human Services reviewed and evaluated the division twice. Additionally, the division contracted with Rutgers University in 1982 to perform an evaluation of all aspects of the division.

Department of Transportation

Services and Resources of the Office of Public Transportation Services

The Office of Public Transportation Services is located within the Department of Transportation. Some of the responsibilities of this office are outlined in Executive Order 105, signed by Governor Byrne and adopted by Governor Kean. One of the goals of the Office of Public Transportation Services is to improve the delivery of specialized transportation services to elderly and handicapped citizens in New Jersey.

The Office of Public Transportation Services has among its objectives the following four tasks dealing with specialized transportation:

1. To assist, where they exist, county transportation coordinators. Efforts in this area include the formation of COST (Council on Specialized Transportation), a group of individuals now providing special transportation services on the county level. COST holds monthly meetings to share information, ideas, and to otherwise keep each other up-to-date on the progress in the provision of specialized transportation services.
2. Coordination of vehicles operated by various state agencies to ensure their optimal use. The office has focused on establishing interagency agreements which would allow for the sharing of vehicles among divisions and departments.
3. Ensure each county has a plan for providing specialized transportation. This includes providing technical assistance to counties who do not have the capabilities to perform this task.

Additionally, the office encourages citizens to inform it of problems they may be encountering in obtaining transportation services. Only through a constant interchange between consumers, providers and the office will it be able to realistically address the demand for transportation services.

For FY 1985, the Office of Public Transportation Services has a budget of $194,600. The office employs a staff of five. Further information on the Office of Public Transportation Services may be obtained at (609) 984-0809.

New Jersey Transit

Services and Resources of the Reduced Fare Transportation Program and Section 16(b)(2) Program

NJ Transit administers and manages two programs, the Reduced Fare and Section 16(b)(2), which impact persons with developmental disabilities. In addition, NJ Transit has an ongoing capital improvement program which has increased accessibility to selected bus and rail lines throughout the state.

Under the Reduced Fare Program, people 62 years of age or older, as well as handicapped people, may ride at reduced fares (one half the regular one-way fare, adjusted downward to the nearest five cents) during non-peak hours on all interstate bus and rail routes.

The reduced fare is in effect on weekdays from 9:30 a.m. to 4 p.m. and from 7 p.m. to 6 a.m., all day on Saturdays and Sundays, and all day on state holidays.

In order to be eligible for a reduced fare, elderly or handicapped people must present either a valid Medicare Card or a Reduced Fare Program identification card upon boarding a bus or train. A person must also have a reduced fare ticket book when boarding a bus.

Handicapped people under age 62 who do not hold a Medicare Card must write to the Reduced Fare Program, NJ Transit, 180 Boyden Avenue, Maplewood, NJ 07040, to request an application by mail or they may call (201) 761-8327 for further information regarding the program.

The Section 16(b)(2) Program is a program authorized by Urban Mass Transportation Administration Act of 1964, as amended. This program authorizes federal grants of 80 percent of the cost of specialized vehicles to be used by private non-profit agencies in providing transportation services for elderly and handicapped persons, including the developmentally disabled, unable to use public mass transportatin. The program provides the vehicles, but provides no funds for their operation or maintenance. NJ Transit, since assuming responsibility for the program, has provided the 20 percent match for the grant. Since the program started in 1975, over 350 have been delivered and placed in service.

In 1984, NJ Transit plans to purchase at least 120 more paratransit vehicles under the Section 16(b)(2) Program utilizing FY 1982 and FY 1983 funds. Additionally, NJ Transit has requested the federal government to approve the authorization of FY 1984 funds totaling $661,000 which could purchase as many as 30 additional vehicles.

Site visits are made by the staff person administering the program in order to inspect vehicles and to ensure that they are serving clients in the most efficient and comprehensive manner. In addition, agencies receiving vehicles for the program are required to submit quarterly reports outlining the extent of services provided and costs of operation.

Finally, NJ Transit through its Special Transportation Citizens Advisory Committee was instrumental in developing legislation which would utilize casino revenue tax funds for transportation for the elderly and handicapped. Signed into law by Governor Kean on January 17, 1984 and known as the Senior Citizen and Disabled Resident Transportation Assistance Act, it will provide NJ Transit and the counties throughout the state 3 million dollars during FY 1984 and up to 10 million dollars in FY 1985. Seventy-five percent of these funds will be allocated to the counties, which to be eligible must submit to NJ Transit a comprehensive plan which details how special transportation will be provided and coordinated. The remaining 25 percent of the funds will be utilized by NJ Transit to develop, provide and maintain capital improvements which increase accessibility to existing mass transit for the elderly and disabled. Additional information concerning the casino revenue tax fund program can be obtained by writing to NJ Transit, Office of Special Services, P.O. Box 10009, Newark, NJ 07101.

Services and Resources of the University Affiliated Facility Rutgers Medical School

The University Affiliated Facility (UAF) program is a federally funded facility operating pursuant to the Developmental Disabilities Assistance and Bill of Rights Act (P.L. 95-602). Federal law defines a UAF as "a public or non-profit facility which is associated with, or is an integral part of, a college or university."

The mission of the UAF-RMS is to enable developmentally disabled persons to live in the most dignified and independent manner possible. The UAF fulfills this mission through the following three activities:

1. Interdisciplinary training programs for personnel providing services to persons with developmental disabilities.
2. Provision of exemplary services to persons with developmental disabilities.
3. Dissemination of research and information on developmental disabilities.

Until 1983, New Jersey's UAF was located at Kean College, in Union, New Jersey. The federal government transferred the program from Kean College to the University of Medicine and Dentistry of New Jersey-Rutgers Medical School. The transfer was initiated due to the need in New Jersey for a UAF with a statewide focus. Additionally, in order for the UAF to truly fill its training and research mandates, it needed to be a part of a university which grants advanced degrees.

FY 1985 Planned Activities

Responsiveness to the needs of the Developmental Disabilities Council, the Division of Mental Retardation and the Special Child Health Services program is a major emphasis of the UAF. Pre-service and in-service training activities focus on targeting resources for the severely handicapped. Training programs and dissemination activities concentrate on underserved populations in the state, such as persons diagnosed with both mental health needs and mental retardation.

The training program of the UAF at Rutgers Medical School includes pre-service training activities for students, in-service/continuing education activities for individuals working in the field of developmental disabilities, and practitioners in generic agencies who may also provide services to persons with developmental disabilities. Training programs for consumers of services and their families are also provided. The interdisciplinary training of the UAF includes students in all four of the major professional areas dealing with developmental disabilities: health, social work, psychology and education.

A broad array of pre-service, in-service, and continuing education activities are provided by the UAF including: reestablishment of a developmental disabilities minor at the Rutgers Graduate School of Social Work; assistance with the establishment of a teacher training program in the area of the severely and profoundly impaired at Rutgers Graduate School of Education; leadership training for DMR Residential and Community Services administrators and staff; the semi-annual Developmental Disabilities Series; the development of curricula for training direct care workers at developmental centers; and parent training for parents of Day Training Eligible children, chronically ill children and handicapped children.

Exemplary services to persons with developmental disabilities are provided in a variety of settings throughout the state. Services are delivered at the UAF, as well as various programs such as the Middlesex Cerebral Palsy Center, the Robert Wood Johnson Rehabilitation Center and the Laurie Neurodevelopmental Institute.

A newly established exemplary service of the UAF is the Adult Developmental Disabilities Clinic at Middlesex General University Hospital. This program serves as a tertiary resource for adult DMR clients with serious or complex medical needs. The UAF on a continuing basis, disseminates research findings and other service-related information to all interested groups and agencies.

The UAF, with the support of the Developmental Disabilities Council, has initiated two special projects. The Case Management Systems and Curriculum Design Project will perform a major analysis of case management in New Jersey and develop and implement curricula for preservice and inservice training of case managers. The Early Intervention Physician Outreach project is developing a lecture series, education material, and outreach packet aimed at increasing referrals of handicapped infants to early intervention programs. An additional special project supported by the Hunterdon Health Fund is to conduct a statewide training conference for members of infant care review committees.

The UAF has a total FY 1985 budget of $619,318, of which $338,083 is federal funds. The UAF has a professional staff of 10, one of which is under a subcontract from Kean College. Seven staff members are full time; five are part time.

Further information may be obtained from:

UAF
University of Medicine and Dentistry of New Jersey
Rutgers Medical School
PO Box 101
Piscataway, New Jersey 08854

Private Agency Resources

While many services are available through public agencies, gaps in services to developmentally disabled persons still exist. Many private service agencies were developed specifically because a needed service was not available, or was only available to a certain segment of the developmentally disabled population. In contrast to public human service agencies whose eligibility requirements are governed by law, private agencies have more flexibility in determining the client population they serve. In many cases, eligibility for service is governed more by the potential client's suitability for available programs than by whether or not the client meets strict eligibility criteria. This has resulted in private agencies serving a broad spectrum of disabilities. One can find many mentally retarded persons, for instance, being served in a program ostensibly developed for individuals with cerebral palsy. These agencies are regarded as an integral component of the service network, and state agencies purchase necessary services for their eligible clients from them on an ongoing basis.

The amount, location, and diverse target populations serviced by private agencies has made it difficult to accurately describe the resources represented by this sector of the developmental disabilities service network. In an attempt to better estimate the private service sector, the New Jersey Developmental Disabilities Council undertook a survey of over 250 private agencies across the state. Almost 100 agencies responded to the survey, which asked for information on the agencies financial and staff resources, types of services provided, ages accepted, numbers of clients served by service category, handicapping conditions accepted and whether the agencies have the capacity to serve additional clients. The agencies were asked to indicate, from among seven categories, the services they provide.

Table 4-2 provides a summary of the survey responses. The agencies were asked to indicate services utilizing the following service categories:

1. **Special Living Arrangements**
   a. Group Home
   b. Unsupervised Apartment
   c. Supervised Apartment
   d. Respite—Provides temporary out of home placements to persons with developmental disabilities on a short term basis (one weekend to three months).

2. **Day Programs**
   a. Vocationally Oriented—Any type of vocational activity. Can include work evaluation, counseling, occupational skills, training and paid employment for those not in the competitive market.
   b. Education—Any type of Education program not currently available to school aged handicapped children (e.g., early intervention).
   c. Day Care—Personal care, training, learning activities, recreation, social activities to persons with developmental disabilities—all ages.
   d. Day Training—Provision of education to pupils classified as "eligible for day training." Includes care, training and education services.
   e. Living Skills Training—Provision of training to help individuals meet their personal needs in daily living and in learning to lead an independent life.
   f. Living Skills Assistance—Ongoing assistance provided to an individual (e.g., personal care) in order to sustain an independent lifestyle.

3. **Case Management Services**
   a. Case Management-Procurement and coordination of services and resources on behalf of an individual according to their program plan.
   b. Counseling—Professional guidance to achieve goals which are mutually agreeable to counselor and client.
   c. Follow Along—Lifelong continuation of monitoring and counseling to assist families and individuals to identify and meet changing needs.

4. **Identification Services**
   a. Diagnosis—Services necessary to identify the presence and cause of a developmental disability.
   b. Assessment—Appraisal of physical, psychological, vocational, educational and social characteristics of an individual to determine extent of the disability and objectives for the individual to reach his potential.
   c. Information and Referral.

5. **Treatment**
   a. Medical
   b. Dental
   c. Psychological
   d. Therapy—Occupational, Physical, Hearing, Speech or Other.

6. **Support Services**
   a. Recreation—Activities which enhance an individual's abilities to develop recreational, social, leisure time and cultural skills.
   b. Transportation
   c. Personal Care—Services providing for the health of the client, such as the provision of food, clothing, bodily care, home care and companionship.
   d. Respite Care (non-residential)—Provision of in-home temporary relief services such as visiting homemakers, trained sitters and day care.
   e. Crisis Intervention—Short-term emergency assistance to help deal with emotional, psychological and behavioral situations.
   f. Protective/Social/Legal—Services to protect developmentally disabled individuals from abuse and neglect and to help them exercise their rights as citizens.

7. **Prevention**
   a. Provision of activities which prevent, avert or lessen the severity of developmental disabilities (e.g., community education and health promotion).

Agencies were asked whether the service is provided, if the service is a primary or secondary service, what types of disabilities are served, what the ages of the clients are and if the agency is able to serve additional clients. As some agencies did not complete the questionnaire, often not indicating the types of disabilities or ages served, the breakdown of agencies serving persons with specific disabilities may not add up to the total number of agencies providing a service.

In addition to the information obtained from surveys received, information was also obtained from private agencies participating in Charity Racing Days, a program whereby on designated days, the state share of proceeds from the various horse race tracks are awarded to eligible agencies serving the developmentally disabled. It is mandated for agencies participating in Charity Racing Days to keep accurate data on the type of service provided and number of clients served.

Special Living Arrangements

There are a total of 43 agencies that provide long-term special living arrangements. All of these arrangements provide residential placements for persons 18 years of age and over. The majority of special living arrangements are group homes. Out of 28 agencies that provide group homes, eight serve persons with mental retardation, three serve persons with mental retardation and multiple handicaps and two serve persons with mental retardation, cerebral palsy and multiple handicaps.

The other group homes serve persons with a single disability such as persons with learning disabilities or an emotional disturbance.

There were only seven agencies providing unsupervised apartments, and seven providing supervised apartment placements.

Respite care is provided as a primary service by only five agencies. These agencies serve persons with mental retardation, cerebral palsy and multiple handicaps. Four serve persons 18 years of age or older, while one serves persons between the ages of three and 21.

Persons residing in special living arrangements are usually provided a host of secondary services such as living skills assistance and training, case management, counseling, recreation and transportation.

Day Programs

Vocationally oriented programs are provided by 50 agencies. Vocational programs are most often provided to people with any type of disability and to persons 16 years of age and over. Only a few programs are disability specific. Persons in vocational programs are frequently provided with a host of secondary services including counseling, case management, living skills training and information/referral. Vocational oriented programs are provided as a secondary service by only three agencies.

Education is provided as a primary service by 26 agencies. Fifteen of these agencies provide early intervention services to children ages zero through three. Four agencies provide educational services to persons of school age while two provide services to persons eighteen years of age or over. Most early intervention programs are provided to children with any type of handicapping condition. A few agencies indicated they provide programs only to children with a specific disability. Education is listed as a secondary service by three agencies.

Day care is provided as a primary service by 21 agenices. This service is provided to a variety of different age groups and handicapping conditions. Nine agencies provide day care to persons 18 years of age or over. Two agencies serve only senior citizens (65+). Eight agencies indicated that day care is provided as a secondary service.

Day training services are only provided as a primary service by seven agencies. Three agencies serve only persons with mental retardation, one serves persons with autism and one serves persons with all disabilities.

Living skills training is provided by 32 agencies serving persons 18 years of age or over. Five agencies serve persons with any type of disability. Seven serve persons with mental retardation and one or two other handicapping conditions such as cerebral palsy or epilepsy. Sixteen agencies provide this service as a secondary service to persons already accepted into group homes or other long-term special living arrangements.

Living skills assistance is provided as a primary service by eight agencies, seven serving persons 18 years of age or over. Most agencies serve persons with mental retardation, and one or two other handicapping conditions such as cerebral palsy or epilespy. This service was provided as a secondary service by nine agencies to persons already residing in special living arrangements.

Case Management Services

Case management is provided as a primary service by 16 agencies. Agencies providing case management serve persons with any type of disability or age category. A few agencies provide services to persons with a specific disability. Case Management services are usually provided as a secondary service to persons enrolled in a primary service, such as long-term special living arrangements or vocational programs. Case Management is provided as a secondary service by thirty agencies.

Counseling services are provided as a primary service by 34 agencies to persons of all ages. Most agencies serve persons with any type of handicapping condition while some agencies serve only one or two disabilities. Counseling, like case management is often provided as a secondary service to clients in a primary service. Counseling services are provided as a secondary service by 31 agencies.

Follow along services are provided as a primary service by nine agencies to persons of all ages and serves persons with any handicapping condition. Nine agencies provide follow along as a secondary service.

Identification Services

Diagnosis is provided by 16 agencies as a primary service to persons of all ages. Five agencies serve persons with any type of disability and five agencies serve persons with a specific disability. Eight agencies reported providing diagnosis as a secondary service.

Assessment is provided by 40 agencies as a primary service to persons of all ages. Sixteen agencies reported serving persons with any type of handicapping condition. A few agencies reported serving only persons with one or two specific disabilities. Twenty-one agencies provide assessment as a secondary service.

Information and referral services are provided by 41 agencies as a primary service to persons of all ages and disabilities. Most agencies had no limit on the number of persons that could be provided information and referral services. Seventeen agencies provide Information and Referral Services to clients enrolled in a primary program.

Treatment

Thirty agencies reported providing treatment as a primary service. Only four agencies provide medical services as a primary service, while 12 agencies provide this service to persons enrolled in a primary program. There were no agencies who reported providing dental treatment as a primary program although 10 agencies provide dental treatment to clients as a secondary service. Psychological treatment is provided as a primary service by five agencies and by 14 agencies as a secondary service.

Therapy is the medical service most frequently offered by private agencies. Twenty-two provide therapy as a primary service to persons of all ages. Most agencies also provide therapy to persons with any type of disabling condition. Eighteen agencies provide therapy as a secondary service.

Support Services

Recreational services are provided as a primary service by 36 agencies. Most agencies provide services for persons in all age categories. A few agencies provide recreation specifically for adults or children. Eight agencies serve persons with any type of handicapping condition, while nine provide services to persons with one to three specific disabilities. Recreational services are provided by 25 agencies to clients already enrolled in a primary program.

Transportation is a service most often provided to persons enrolled in a secondary program. Only six agencies indicated that transportation is provided as a primary service while 35 provide transportation as a secondary service to transport clients to and from a primary program.

Personal care is also a service which is provided most often as a secondary service. Only five agencies provide this primary service while eighteen agencies provide personal care to persons already in a primary program.

Non-residential respite care services are provided by only one agency as a primary service and four agencies as a secondary service.

Crisis intervention is provided most often as a secondary service with 16 agencies offering this service, while only six provide crisis intervention as a primary service.

Protective, social and legal services are provided as a primary service by seventeen agencies. Most serve persons of all agencies and with any type of disability. A few agencies have age and disability requirements.

Prevention

Prevention programs are provided by 10 agencies as a primary service and 11 agencies as a secondary service. Most agencies indicated that persons with any type of disability are eligible for services.

Those agencies that indicated they were not able to serve additional clients were asked to list barriers to expansion of services.

Thirty agencies responded to this question. Six agencies mentioned lack of funds as the prime barrier to expansion of services, two agencies reported lack of space as the major problem. Sixteen agencies cited both lack of funds and lack of space. Other less often mentioned barriers include transportation problems and lack of adequate staff.

Although the private agency survey gives a good indication of some of the services provided, it does not list all the private agencies throughout New Jersey. As previously mentioned, only 100 agencies responded to the survey out of 250 that were distributed. The survey does however, provide a good starting point in the estimation of the resources of the private service network.

TABLE 4-1
PUBLIC AGENCY RESOURCES

DIRECT SERVICES

PUBLIC SERVICE PROVIDERS	RESIDENTIAL		DAY PROGRAMS		EMPLOYMENT	
	DOMICILIARY CARE	SPECIAL LIVING ARRANGEMENTS	DAY CARE	EDUCATION TRAINING	SHELTERED WORKSHOPS	OTHER
RENTAL ASSISTANCE PROGRAM		X				
DIVISION OF VOCATIONAL EDUCATION				X		
DIVISION OF SPECIAL EDUCATION			X	X		
SPECIAL CHILD HEALTH SERVICES						
MATERNAL AND CHILD HEALTH SERVICES						
EARLY & PERIODIC SCREENING DIAGNOSIS & TREATMENT (EPSDT)						
DIVISION OF MEDICAL ASSISTANCE						
DIV. OF MENTAL HEALTH & HOSPITALS	X	X				
DIV. OF MR—COMMUNITY SERVICES		X	X	X		X
DIV. OF MR—RESIDENTIAL SERVICES DMR—1) STATE OPERATED INSTITUTIONS	X		X	X		
DMR—2) PURCHASED RESIDENTIAL SERVICES	X		X	X		
DIVISION OF PUBLIC WELFARE						
DIV. OF YOUTH & FAMILY SERVICES	X	X	X	X		
DIV. OF VOCATIONAL REHABILITATION				X	X	X
DIV. OF ADVOCACY FOR DD						
N.J. TRANSIT (REDUCED FARE)						
OFFICE OF COORDINATED TRANSPORTATION						
SCRIP						

TABLE 4-1
PUBLIC AGENCY RESOURCES
SUPPORT SERVICES

PUBLIC SERVICE PROVIDERS	IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY SUPPORT				CLIENTS SERVED		
	DIAGNOSIS	EVALUATION	INFORMATION REFERRAL	COUNSELING	PROTECTION LEGAL	FOLLOW ALONG	MEDICAL	DENTAL	OT, PT, SP, H, OTHER	RECREATION	PERSONAL CARE	TRANS-PORTATION	INCOME MAINTENANCE	NUMBER SERVED	NUMBER HANDICAPPED	NUMBER DEVELOP-MENTALLY DISABLED
BUREAU OF HOUSING SERVICES													X		1,500	
DIVISION OF VOCATIONAL EDUCATION		X												50,000[1]	4,000[1]	
DIVISION OF SPECIAL EDUCATION	X	X	X	X		X			X	X		X			160,000	
SPECIAL CHILD HEALTH SERVICES	X	X	X	X	X	X	X	X	X		X				21,000	
MATERNAL AND CHILD HEALTH SERVICES	X	X	X				X							88,600		
EARLY & PERIODIC SCREENING DIAGNOSIS & TREATMENT (EPSDT)	X	X	X					X	X					38,126		
DIVISION OF MEDICAL ASSISTANCE													X	63,268[2]		
DIV. OF MENTAL HEALTH & HOSPITALS	X	X	X	X	X	X	X	X	X	X	X	X			153,000	1,300
DIV. OF MR—COMMUNITY SERVICES				X	X	X	X	X	X	X	X	X				5,397
DIV. OF MR—RESIDENTIAL SERVICES																2,069
DMR—1) STATE OPERATED INSTITUTIONS	X	X		X	X		X	X		X	X	X				5,769
DRM—2) PURCHASED RESIDENTIAL SERVICES	X	X		X	X		X	X		X	X	X				940
DIVISION OF PUBLIC WELFARE													X	84,360	55,630	
DIV. OF YOUTH & FAMILY SERVICES	X	X	X	X	X	X	X	X	X	X	X	X		1,200[4]		100
DIV. OF VOCATIONAL REHABILITATION	X	X	X	X			X	X	X			X			17,000	4,000
DIV. OF ADVOCACY FOR DD			X		X											1,500[3]
SCRIP			X											4,000		
WIC													X	101,000		

[1]Students in occupationally specific programs
[2]Monthly average number of persons eligible for Medicaid based on disability or blindness
[3]Direct Advocacy Services and Client Assistance
[4]Residential Services Only

TABLE 4-2
SUMMARY RESULTS—PRIVATE AGENCY SURVEY

	NUMBER OF AGENCIES PROVIDING SERVICE		NUMBER OF CLIENTS SERVED		NUMBER OF AGENCIES WITH THE CAPACITY TO SERVE ADDITIONAL PRIMARY CLIENTS
	PRIMARY	SECONDARY	PRIMARY	SECONDARY	PRIMARY
SERVICE CATEGORIES					
SPECIAL LIVING ARRANGEMENTS					
GROUP HOME	28	0	340	0	3
UNSUPERVISED APARTMENT	7	0	241	0	
SUPERVISED APARTMENT	7	0	119	0	1
RESPITE	5	3	98	70	3
DAY PROGRAMS					
VOCATIONALLY ORIENTED	50	3	5949	149	32
EDUCATION	26	3	1884	201	21
DAY CARE	21	8	1569	228	11
DAY TRAINING	8	3	384	30	5
LIVING SKILLS TRAINING	32	17	5109	1152	7
LIVING SKILL ASSISTANCE	8	9	459	657	3
CASE MANAGEMENT SERVICES					
CASE MANAGEMENT	16	30	5684	4681	13
COUNSELING	34	31	7863	3203	10
FOLLOW ALONG	9	9	260	2230	4
IDENTIFICATION SERVICES					
DIAGNOSIS	16	8	3731	288	9
ASSESSMENT	40	22	9392	1223	18
INFORMATION AND REFERRAL	41	17	12290	939	15
TREATMENT					
MEDICAL	4	12	586	690	1
DENTAL	0	10	0	669	0
PSYCHOLOGICAL	5	14	300	1019	2
THERAPY	22	19	1729	781	10
SUPPORT SERVICES					
RECREATION	36	25	7838	1142	12
TRANSPORTATION	6	36	2193	2642	4
PERSONAL CARE	5	18	489	1265	2
RESPITE CARE	1	4	40	17	0
CRISIS INTERVENTION	7	17	4160	1361	5
PROTECTIVE/SOCIAL/LEGAL	17	14	5170	959	7
PREVENTION	9	10	1150	1520	17

Gaps in Services

The Developmental Disabilities Council each year attempts to estimate the percentage of the developmentally disabled population requiring specific services. While these are rough estimates, they are useful for comparing with the estimated service resources available.

For the purposes of the plan, it is estimated that 55 percent (35,057) of all developmentally disabled persons will need to be provided with special living arrangements, while approximately 10 percent (6,374) will need domiciliary care. All developmentally disabled children of preschool age are appropriate candidates for day care and education/training programs. With regard to developmentally disabled school-age children it is estimated that 100 percent are eligible for and will require education and training services at some time. Of the school-age population, approximately 30 percent (11,523) will be able to benefit from day care programs. Fifteen percent of the adult developmentally disabled population (3,890) is in current need of day care; 40 percent of the same population (10,372) is in need of education/training programs. Diagnosis, evaluation and information/referral services should be available to all (100 percent) of the developmentally disabled population of New Jersey. It is assumed that at some time in their lives they will require some or all aspects of identification services. It is estimated that medical, dental and special treatment services, such as occupational, physical, speech, hearing or other therapy, are needed by all (100 percent) of the developmentally disabled residents of the state. Sheltered workshop employment opportunities should be available to 70 percent (18,159) of the adult developmentally disabled population. Other types of employment services may be appropriate for an estimated 15 percent (3,890) of the adult developmentally disabled population.

With regard to counseling and follow-along services, it is estimated the 90 percent (57,366) of all developmentally disabled individuals will require such services during their lifetime. Protection and advocacy services should be available to all (100 percent) of the target population.

It is estimated that within the area of family/program support services, 80 percent (50,992) of developmentally disabled persons will require recreational services, all (100 percent) will require some degree of personal care, 90 percent (57,366) will need some form of transportation services, and 40 percent (25,496) will be in need of income maintenance services.

Taking into account both public and private sector resources, specific gaps in services become apparent. Based on a review of the number of clients served by agencies, the most significant need is exhibited in the following areas: residential services, vocationally oriented programs for adults, day programs, case management services and transportation. As information is only available on the number of clients served by a public agency as a whole and not the number of clients served by a specific program, comparisons between what is needed and what is available data primarily from the private agency survey.

All categories of special living arrangements need to be expanded throughout the state. The majority of residential placements are group homes, with 28 agencies offering group home placements to 340 persons. Supervised and unsupervised apartment settings are provided by only a few agencies serving only 360 persons. Similarly, few out of home respite care services are available. Out of a total of 47 private agencies providing special living arrangements, only five indicated a capacity to serve additional clients. Although the private agency survey revealed only 28 agencies that provide special living arrangements, there are indeed more than this figure indicates. As all group homes and apartment settings must be licensed by the Division of Mental Retardation, Bureau of Operations, records indicate that there are 137 (including the 28 that responded to the survey) licensed facilities throughout the state, provided by various private and state agencies. This count is much larger than that originally indicated in the survey, yet there is still a large need for placements, as the Council estimates that 55 percent of all developmentally disabled persons will need to be provided with special living arrangements. Additionally, the majority of private agencies that provide special living arrangements do so under contract with the Division of Mental Retardation. The clients these agencies serve are, therefore, restricted to persons with mental retardation. There is a shortage of residential settings that serve persons with other developmental disabilities and respite care programs for all persons with developmental disabilities.

Vocationally oriented programs for adults, particularly supported and competitive employment models need to be developed and expanded. The majority of agencies that provide vocational services offer primarily sheltered workshop programs. Of the 50 agencies (serving 5,949 clients) that indicated they provide vocational programs, 32 reported that additional clients could be served. The availability of sheltered employment services does not appear to be a major problem as many of the agencies specify room for additional clients. However, other types of employment services appear to be lacking. The fact that so many agencies have space for more clients indicates

that potential clients may not be aware of available services. Finally, as most of the agencies providing sheltered employment services do so under contract with the Division of Vocational Rehabilitation Services and thus are subject to strict eligibility requirements, severely developmentally disabled people may not be eligible for vocational services from the division. If persons are determined ineligible, only two other options are available to them. Adult Activities Programs administered by the Division of Mental Retardation are available to persons who are mentally retarded. Work Activity Training Centers (WATCs), administered by the Division of Vocational Rehabilitation Services (there are only two in the state serving approximately 100 clients) are available to other developmentally disabled persons.

As mandated by P.L. 94-142 (The Education for All Handicapped Children Act), education programs are available to all school-age educationally handicapped pupils by the Division of Special Education. Agencies participating in the private agency survey were asked to list only educational services that are not provided to the school-age population. Of the 26 agencies providing educational programs, 21 indicated a capacity to serve additional clients. As previously mentioned, 15 of these agencies provide early intervention programs to children from birth through age three.

Although the passage of P.L. 1981, Chapter 415, provides for the Department of Education to fund early intervention programs as well as mandating the state to provide preschool programs to all eligible handicapped children in New Jersey, the availability of child development services in the state should be improved. The Department of Education in FY '85, has expressed continued commitment to the provision of such services by allocating $6.9 million for early intervention programs. This is a significant increase over the FY '84 allocation of $1.75 million. As programs are becoming more available, the problem is not in the number of existing programs but that people are not aware of what is available to them. Special effort by the Department of Education and the Developmental Disabilities Council is currently underway so that the availability of services is well known to parents and physicians and other concerned citizens.

As the deinstitutionalization effort continues and more and more developmentally disabled persons enter into community life, training programs that teach aspects of daily living will need to be expanded to meet the growing need. Currently, living skills training are provided only by the Division of Mental Retardation to its eligible clients and by 32 private agencies. Only seven of these agencies are able to serve additional clients. As more living skill training programs are needed, consequently, so are living skills assistance services. Many persons with developmental disabilities need ongoing assistance so that they may live independently. Services such as personal care attendants and visiting aides who attend to the resident as needed will enable many developmentally disabled persons to live on their own with little or no supervision.

Comprehensive case management services are available to a limited number of developmentally disabled citizens. The Division of Mental Retardation, Division of Youth and Family Services and the Special Child Health Services program provide this service to their eligible clientele. Additionally, some private agencies indicated they provide comprehensive case management services (or one or more components of case management) to their target populations. However, a large gap continues to exist in the provision of case management services, especially to adults not eligible for this service from state agencies. Additionally, private agencies are limited in the number of clients they are able to serve. It has been a priority of the Council, therefore, to promote the availability of long-term personal program coordination services to all developmentally disabled citizens of New Jersey. Under the priority service area of case management, the Council will be funding the University Affiliated Facility (UAF) to prepare a model case management study so that the quality and quantity of case management services will be improved.

Treatment and identification services are also in need of expansion, but funding is less of an issue in this area than is the need for professionals qualified to serve developmentally disabled persons. The Council has emphasized the improvement of services through the development of a professional and non-professional manpower pool trained to work with developmentally disabled individuals. The Council will continue to work with the UAF in the development of interdisciplinary training programs in the field of developmental disabilities for students and professionals already providing services. Pre-service training will be provided to social work students, persons preparing to become special education teachers, medical students and physicians so that they can adequately identify and treat persons with developmental disabilities. Conferences and seminars on developmental disabilities will be offered to professionals who are already providing services.

Transportation as a primary service is largely unavailable. Most programs will provide transportation to and from their programs, but only a few (six) agencies provide transportation as a service in itself. A continual need exists for the development of a range of transportation services to developmentally disabled individuals, as its absence is one of the major barriers to participation in all the activities of daily life. The Council will

continue to be involved with transportation providers (both public and private) to coordinate transportation resources and ensure their optimal use. Particularly, the Council will monitor the impact of the Senior Citizen and Disabled Resident Transportation Assistance Act. As increased funds are allocated for FY '85, the Council hopes to see improve transportation to all disabled residents in each of the 21 counties.

Personal care services and in home respite care services are a great need in the state. Only five private agencies offered personal care and only one provided respite care. There are several state agencies that provide personal care services to its eligible clientele. These agencies include the Division of Mental Retardation, the Division of Youth and Family Services, Special Child Health Services and the Division of Mental Health and Hospitals. Even though state agencies do provide personal care services, a large portion of the developmentally disabled population, particularly adults who are not eligible for services from any state agency, do not have access to this service. Some progress toward bridging the current gap is evidenced with the inclusion of personal care assistant services in New Jersey's Medicaid program. Personal care services are non-professional services oriented towards assisting the client with "activities of daily living," such as bathing, dressing, grooming and other health related tasks. Personal care services differ from Medicaid's home health aide service in that it less intensive and less medically oriented, however, personal care services must be provided under the supervision of a nurse. Medicaid coverage for personal care assistant services began in January of 1984. This new service will enable many persons with developmental disabilities to sustain an independent lifestyle.

Other support services, including respite care and crisis intervention, are also not available to the majority of persons with developmental disabilities. The Council is responding to this need by establishing a Task Force on Family Support Systems and a Task Force on Crisis Intervention. These task forces, which are composed of service providers and experts in the field, will make recommendations towards the improvement of services in these areas.

Protective/social and legal services should be available to anyone in need of this service. As indicated in the public agency chart, there are a number of state agencies providing this service in addition to 17 private agencies. However, there is still need for expansion as not all persons are eligible for services from state agencies and private agencies can only serve a limited number of clients. Although services are provided, persons are often unaware of what is available to them. Agencies and programs need to do more outreach into the community so that citizens are aware of available services.

According to the survey responses, recreation programs are provided by 36 private agencies and a number of state agencies. Only seven private agencies indicated that additional clients could be served. With private agencies providing recreational services to approximately 7,800 persons (the estimated need being much higher) and the number served in state agencies not able to be determined, it appears that recreational services should be expanded. However, it must be realized that many recreational programs for handicapped persons are provided by the individual's county or city of residence or by agencies that do not primarily serve the handicapped such as YMCA. Data on recreation programs are available from the Office on Community Recreation for the Handicapped.

4.1.3 New Directions in New Jersey

A number of new initiatives have begun in the State of New Jersey aimed at improving services to persons with developmental disabilities.

County Human Services Advisory Councils

In one response to limited resources and the waste inherent in a fragmented service delivery system, the New Jersey Department of Human Services has begun to decentralize planning and resource allocation decisions to the county level. Each of the 21 counties has established a Human Service Advisory Council whose purpose is to identify human service needs, prioritize services based on those needs, define the county service system, and make recommendations to the state as to the allocation of resources, particularly Social Services Block Grant Funds. County Human Service Advisory Councils are composed of representatives from all human service concerns including the developmentally disabled.

The Department of Human Services, in forming these councils and allowing the counties to plan for services, hopes to achieve the following long range goals. First, is that a more efficient allocation of available resources leading to improved provision of services will result. Local planners on a county level can more accurately assess human service needs, identify current resources and recommend funding than planners at the state level. Second, is that communication between county and state will be improved, facilitating the exchange of information and

planning strategies. Finally, it is the department's priority that services needed by vulnerable and disabled persons are protected in any service reductions. The department believes that counties will be better equipped to set priorities which will ensure that the most needy and/or disabled persons are not adversely affected by limited resources.

The mandate for each county to begin comprehensive social services planning occurred during the first quarter of 1983. It was not until recently that each county had an advisory council in operation. Councils are currently in the process of preparing the county comprehensive plan consisting of a) a needs assessment to determine target problem priorities; b) a resource inventory of existing services provided by private and public agencies; c) a determination of service priorities for each county and d) recommendations and implementation action steps for improved service delivery and allocation of funds. County human service plans are expected to be complete by the end of the 1984 calendar year.

Decentralization of human service planning can have a strong impact on social service delivery in the State of New Jersey. As the Human Service Advisory Councils become established, the effect of planning and delivery of services will become evident.

Governor's Council on the Prevention of Mental Retardation

In 1984, the State of New Jersey initiated a prevention campaign to address a number of human service concerns including family violence, homeless persons, mental illness and mental retardation. The Governor has decided to focus efforts preventing these problems in addition to providing aid to those already affected.

The Governor's Council on the Prevention of Mental Retardation was formed as part of this prevention initiative and in response to a cooperative proposal from the Department of Human Services, Division of Mental Retardation and the Association of Retarded Citizens/New Jersey.

The Council membership consists of 25 public and professional members, and the commissioners of the New Jersey Departments of Education, Health, and Human Services. The Governor's Council on the Prevention of Mental Retardation has the following goals:

1. Study the prevention of mental retardation and develop a comprehensive plan for prevention.
2. Mobilize citizens and community agencies in a strong effort for prevention.
3. Develop mechanisms to facilitate detection of the causes of mental retardation.
4. Foster cooperative working relationships among agencies.
5. Evaluate current prevention activities in New Jersey and in other states.
6. Define and convey to the public information on the prevention of mental retardation.

It has been recognized that the incidence of mental retardation can be reduced with a variety of activities including good prenatal care, provision of adequate food and medical care to pregnant women, and early intervention programs to minimize the effects of the disability in school-age and adult years. The Governor's council will determine the most effective methods to reach the greatest number of persons, taking into account the costs involved in such efforts.

The Governor's council will present its recommendations in June of 1985. The Developmental Disabilities Council plans to work closely with the Governor's council in its efforts to prevent the incidence of mental retardation.

Division of Developmental Disabilities

In December of 1982, the Developmental Disabilities Council prepared a position paper documenting the need for comprehensive lifelong services to be available to all persons with developmental disabilities with the recommendation that the Division of Mental Retardation (DMR) be converted to a Division of Developmental Disabilities. This would enable the Division of Mental Retardation to broaden its target population and serve persons with other developmental disabilities.

The Council through its planning and monitoring efforts recognized the need for comprehensive, lifelong services to be available to persons with other developmental disabilities aside from mental retardation who are currently ineligible for such services from the Division of Mental Retardation. These can include persons with cerebral palsy, epilepsy, or a combination of different handicapping conditions.

As demonstrated in the discussion of state and private agency service availability, non-mentally retarded persons, especially adults, are not provided a continuum of lifelong services necessary to achieve an independent lifestyle, but rather are afforded only "piecemeal" services through various agencies providing only one or two services. Children with developmental disabilities have access to a more coordinated and comprehensive service system comprised of the Department of Education, Department of Health, Division of Mental Retardation and the Division of Youth and Family Services, along with various private agencies.

Central to the provision of a coordinated and comprehensive service delivery system is the availability of case management services necessary to enable the individual to access the most appropriate services. Currently, case management services are not provided to developmentally disabled adults by any state agency.

The broadening of the Division of Mental Retardation's target population would allow for the development of a range of services which would meet the diverse and changing needs of persons with developmental disabilities. Available to all would be the much needed residential services, day programs and vocational services in addition to case management.

Although the concept of a Division of Developmental Disabilities has been well received by the Division of Mental Retardation and many private and state agencies since its inception, it was not until recently that the Council has been successful in advocating for this legislation. Legislation has recently been introduced into the New Jersey Legislature which proposes the conversion of the Division of Mental Retardation to a Division of Developmental Disabilities.

It is the hope of the New Jersey Developmental Disabilities Council that in the near future the Division of Developmental Disabilities will become a reality, capable of serving the needs of the whole developmentally disabled population.

University Affiliated Facility

The University Affiliated Facility—Rutgers Medical School has been the recipient of funding from the Developmental Disabilities Council for two special projects.

Project Case Management is a response to the federal and state recognition of case management as a vital link in the habilitation process for developmentally disabled individuals. Its goal is to enhance the availability of quality case management for all developmentally disabled persons in New Jersey. Case management has been identified as a priority service area of the New Jersey Developmental Disabilities Council, for an effectively operating case management system will be especially critical if and when the Division of Mental Retardation (DMR) becomes a Division of Developmental Disabilities.

The first major thrust of Project Case Management is the analysis of the current system(s) of case management in the state. Case management as provided by DMR and Special Child Health Services will be examined, as well as a sampling of other agencies in New Jersey. Information regarding model systems nationwide will be collected and synthesized. This study is being conducted to identify the strengths of the present systems and, additionally, to describe recommendations for change in structure and function.

In the process of the analysis, competencies necessary for effective case management will be identified. Based on the definition of these skills, curricula and materials will be developed, as well as a system of training for the maintenance of a qualified and trained staff. This second major component will be implemented through both inservice and pre-service training programs.

Project Case Management has been funded for fiscal years 1984-1986.

The Early Intervention Physician Outreach Project is being initiated in response to a recent state mandate and fiscal appropriation to provide early intervention programs and services to handicapped infants and their families. As physicians are the primary contact for newborns, infants and their families, they can be instrumental in assuring the earliest possible identification of potentially handicapping conditions.

The goal of this outreach project is to increase the rate of referral by physicians to early intervention programs of children who are known to have or, are suspected of having, handicapping conditions. This will be accomplished by increasing physician awareness of the value and benefits of early intervention to infants and their families, increasing physician awareness of existing services and resources for handicapped infants and families, and increasing the knowledge of physicians and their health care staff about procedures for making referrals.

Three components will be completed during the 18-month project: an educational lecture series, an educational publication, and an outreach and dissemination campaign. It is anticipated that this project will greatly increase physician awareness of programs and services and enhance their understanding of the value of such programs and services to handicapped infants and their families.

4.2 New Jersey's major concerns during the State Plan period

The New Jersey Developmental Disabilities Council articulates its short- and long-range concerns through the development of goals and objectives (a full listing of the goals and objectives can be found in Section V). The mechanism for developing goals and objectives on a yearly basis is the planning process. While the full Council is involved in the continuing development and review of priorities, the Committee on Policy and Planning is responsible for articulating goals and objectives for the State Plan. The planning process of the New Jersey Developmental Disabilities Council proceeds as a cycle: A series of operations that recur regularly during the course of each fiscal year and lead back to the origin. Figure 4-3 is a graphic illustration of the planning cycle. The cycle involves 8 steps which are designed to emanate from a strong data and information base. The steps are as follows:

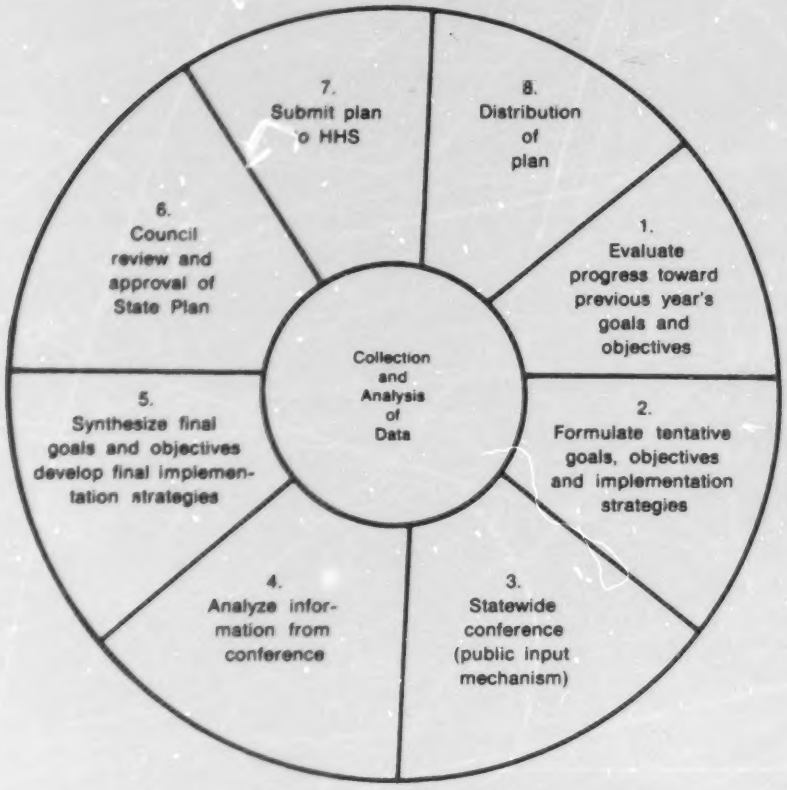
1. Evaluation of progess made toward the achievement of goals and objectives set during the previous fiscal year.
2. Formulation of tentative goals and objectives for the new plan year. Tentative implementation strategies are developed.
3. Mechanism for eliciting citizen input into the goal setting process is utilized.
4. Analysis of information gathered from the public at annual statewide conferences on developmental disabilities regarding the goals and objectives.
5. Synthesize the final goals and objectives for the new plan year. Final implementation strategies are developed for each goal and objective.
6. Completion and approval of the annual State Plan for Services to Persons with Developmental Disabilities.
7. Submission of annual State Plan to the Office of Human Development within the Department of Health and Human Services (HHS).
8. Distribution of the New Jersey State Plan.

Public input into the goals of the Developmental Disabilities Council are solicited in three ways. The most direct means of surveying citizen attitudes and concerns is the annual statewide conference on developmental disabilities. The statewide conference provides an opportunity for those persons directly affected by the developmental disabilities service system and those with an active interest in the developmentally disabled population to provide input on the proposed goals of the Council. Citizens are encouraged to offer suggestions pertaining to the needs of the developmentally disabled.

This year's conference, "Disability Aware Fair, '84," was held on June 10, 1984, at the Woodbridge Center, a shopping mall in Woodbridge, New Jersey. In addition to the public input received at the fair, the Council published in the spring issue of *Interface* a survey requesting public opinion on the Council's priority service areas and goals and objectives. A total of 102 surveys were received by the Council. The survey asked respondents to identify themselves as either provider, profecsional, consumer or parent/guardian. Respondents were asked to choose two of the Council's four priority service areas that should be funded and to rank the top three goals (listed in Section V) in order of importance to them. Community living arrangements (71 votes) and non-vocational social development (48 votes) were chosen as the two most important priority service areas that should be funded by the Council. Provision of community living arrangements was chosen as the most important goal with 87 votes, with the provision of extensive case management services chosen as the second and third most important goal, receiving 15 votes for second choice and 15 for third.

The Council also published a summary of the State Plan for Services to Persons with Developmental Disabilities in the New Jersey Register in order to solicit public comment. It was also noted in the Register, that the full state plan can be obtained by contacting the Council's office.

Figure 4-3
Planning Cycle of the
New Jersey Developmental Disabilities Council


1. Evaluate progress toward previous year's goals and objectives
2. Formulate tentative goals, objectives and implementation strategies
3. Statewide conference (public input mechanism)
4. Analyze information from conference
5. Synthesize final goals and objectives develop final implementation strategies
6. Council review and approval of State Plan
7. Submit plan to HHS
8. Distribution of plan
Collection and Analysis of Data

Finally, over 2,000 State Plans are printed and distributed annually, across the state, to a variety of agencies and individuals concerned with services to persons with developmental disabilities.

The Developmental Disabilities Council has four avenues available to realize its goals. The first is promoting interagency coordination. The composition of the Council membership provides an important vehicle for interagency communications and cooperation. Representatives of the various service network agencies often exchange information on programs and provide assistance in the development of cooperative mechanisms. Council goals and objectives require that members and staff work closely with agency personnel in order to implement changes in the service system. Most state and private agencies involved in providing services to the developmentally disabled cooperate with the Council and its staff without formal coordination arrangements. Council members and staff regularly interact with representatives of various agencies in order to exchange data and discuss services. The Council planning staff receives or has access to the publications, data packets and plans of agencies serving the developmentally disabled.

Many methods are employed to influence agencies to increase and more effectively coordinate services. The Council reviews and comments on state legislation, rule and regulation changes, and administrative directives potentially affecting the developmentally disabled. The Council's comprehensive plan, which is distributed throughout New Jersey, points out steps that agencies can take to meet the needs of the state's developmentally disabled population. Special reports and "mini plans" generated by Council activity provide support materials and implementation strategies. Through Council initiative and planning grants, the various agencies involved are encouraged to take those steps.

State agencies are influenced by the Council through joint meetings with officials who administer programs affecting the disabled population. The degree of sensitivity of agency representatives to the needs of the developmentally disabled often increases as a result of information exchange expressed at these meetings. In this capacity, the Council calls attention to program deficiencies and service gaps, and helps eliminate those gaps by acting as a resource and advisory body. The Council, if it deems necessary, may award a planning grant in an area of concern within a state agency. The Council also maintains working ties with major voluntary and private associations.

Advocacy and public education activities are utilized as a method to improve developmentally disabled citizens awareness of, and access to, available programs. Additionally, education of the general public to dispel misconceptions about disabled persons is aimed at breaking the barrier of fear and misunderstanding which inhibits the integration of developmentally disabled persons into the mainstream of society.

Specific activities involve the continued publication of *Interface*, a bimonthly newsletter which provides information on Council activities, developmental disabilities events, issues and resource materials. A series of public service spot announcements have been broadcast on radio and television stations serving New Jersey to promote public awareness of the needs and services available to disabled residents of New Jersey. The Council has also developed brochures on the Developmental Disabilities Council, SCRIP, and early intervention programs. This year, the Council has been involved in a very special project with the Division of Mental Retardation. A statewide media campaign is currently being developed to increase public understanding and acceptance of group homes for persons with developmental disabilities. The campaign will consist of public service announcements on television and a short movie for cable television.

The annual statewide conference, through the participation of over 100 service providers and special events which demonstrate the capabilities of developmentally disabled persons in sports demonstrations and other performances, is an effective method to educate developmentally disabled persons about available services and the general public about developmentally disabled persons.

The Council works closely with the Division of Advocacy for the Developmentally Disabled to ensure that agency is an effective advocate for the rights of developmentally diabled persons.

The Council is frequently engaged in efforts to encourage legislation and to promote administrative changes that will enhance the delivery of services to the developmentally disabled residents of the state and will widen their legal and civil rights. The Council, the Committee on Legislation and the Executive Committee often generate and provide information on specific legislative or administrative issues. A major activity in this area has been the development of a position paper recommending the Division of Mental Retardation broaden its target population to include other developmentally disabled persons not now served because they are not diagnosed as being mentally retarded. The Council during the past year has been actively involved in advocating for legislation to broaden the Division of Mental Retardation and has been successful in securing the introduction of legislation into the New Jersey Legislature. The Council is optimistic that the Division of Developmental Disabilities will be a reality in the near future. Additionally, the Council, in cooperation with relevant public and private agencies, has developed a guidebook on establishing community-based residential facilities for persons with developmental disabilities. The major purpose of this effort was to clarify the procedures involved in the development of such programs.

The fourth avenue available to the Developmental Disabilities Council is the use of funding to programs serving developmentally disabled persons. The Developmental Disabilities Act (P.L. 98-527) makes funds available to states for use in one or two specialized service areas. The act calls these areas "priority service areas"; and states must utilize no less than 65 percent of their federal allotment in one, or at the state's option, two priority service areas.

4.3 What are priority service areas?

The federal Developmental Disabilities Assistance and Bill of Rights Act requires each state to assess the service needs of all its developmentally disabled citizens, with a special emphasis on four service areas identifed in the legislation as requiring special consideration. The four areas identified are case management services, child development services, alternative living arrangements, and employment related activities.

The act further requires each state developmental disability program commit at least 65 percent of its federal allotment to "service activities" in one or, at the state's option, two of the four targeted service areas.

4.3.1 The Federal Definitions of "Priority Service Areas" and the Elements of Those Services as Operationalized in New Jersey

A. **Case Management:** Services which will assist persons with developmental disabilities in gaining access to needed social, medical, educational and other services; includes follow-along services which ensure a continuing relationship, lifelong if necessary, between a provider and a person with a developmental disability and the person's immediate relatives or guardians; includes coordination services which provide support, access to and coordination of other services, information on programs and services and monitoring of progress (Section 102(11)(H)(i)(ii)).

B. **Child Development Services:** Services which will assist in the prevention, identification and alleviation of developmental disabilities in children, and includes early intervention, counseling and training of parents, early identification and diagnosis and evaluation (Section 102(11)(G)).

C. **Alternative Community Living Arrangement Services:** Services which will assist persons with developmental disabilities in maintaining suitable residential arrangements in the community, including in-house services (such as personal aides and attendants and other domestic assistance and supportive services), family support services, foster care services, group living services, respite care, and staff training, placement and maintenance services (Section 102(11)(D)).

D. **Employment Related Activities:** Services which will increase the independence, productivity, or integration of a person with developmental disabilities in work settings, including such services as employment preparation and vocational training leading to supported employment, incentive programs for employers who hire persons with developmental disabilities, services to assist transition from special education to employment, and services to assist transition from sheltered work settings to supported employment settings or competitive employment (Section 102(11)(E)).

Elements of vocational services in New Jersey include services of the State Division of Vocational Rehabilitation Services including sheltered workshops, vocational evaluations and work activity training centers. The Division of Mental Retardation also provides vocational services to its eligible population. Private agencies such as the Association of Retarded Citizens/New Jersey and others also offer services ranging from a workshop setting to supportive and competitive employment.

4.3.2 The Process by Which New Jersey's Priority Services Areas Are Selected

New Jersey's selection of priority service areas is a process whereby the Council, through the Planning Committee, assesses, analyzes and examines the needs of persons with developmental disabilities. On the basis of the committee's findings, determination is made as to which priority service areas under the Developmental Disabilities Act are to receive developmental disabilities service grant funds.

In determining which priority service areas are to be chosen for funding the Council considers the following issues:

1. The relationship of the priority service areas to the particular needs of the developmentally disabled in the State of New Jersey as they are understood by the Council. This involves a comparison of the priority areas to the service gaps identified in the Council's planning process.
2. A consideration of which four service areas would enable the Council to provide financial support for the widest range of services needed by developmentally disabled persons.

The Developmental Disabilities Council attempts to provide funds in service areas that will impact strongly on the lives of the developmentally disabled. Funds are usually targeted at closing service gaps by funding the development of new services or funding activities in support of services. Funds are not utilized to provide ongoing support to existing agencies or programs.

On an annual basis, the Council's selection of its priority service areas are evaluated to determine whether funding in these areas should be continued or if attention should be directed to new areas of need.

4.3.3 New Jersey's Priority Service Areas for Fiscal Year 1985

For Fiscal Year 1985, the New Jersey Developmentally Disabilities Council has selected alternative community living arrangement services and case management services as its priority service areas. Case management has been a priority for the past year and alternative living arrangements is a new priority service area for FY '85. The New Jersey Developmental Disabilities Council has decided to change the priority service area from child development services to alternative community living arrangements because there is no longer a need to provide funds to early intervention programs. The Department of Education has been allocated $6.9 million in state monies for the development and maintenance of such programs.

During FY '84, the Council devoted most of its service funds under the priority service area of child development for outreach activities, as a strong funding base for program development was available from the Department of Education. The Council recognized the need to educate and inform the public about the importance and availability of early intervention programs.

The Council has provided funding to two agencies to engage in outreach activities during FY '84.

1. Project Child Find in the Department of Education to perform outreach activities on a statewide level. Their goal is to locate infants who might benefit from early intervention programs and to educate parents as to the availability and importance of early intervention programs. Project Child Find also provides technical assistance to agencies providing these services.

2. University Affiliated Facility (UAF), which is located at the University of Medicine and Dentistry of New Jersey, will be developing an outreach program with the purpose of educating physicians throughout the state about early intervention programs and their impact on the lives of persons with developmental disabilities. This would enable appropriate referral of an infant to an early intervention program. Currently, many physicians are unaware of the availability and importance of this service.

The Developmental Disabilities Council also awarded grants to a number of agencies providing early intervention programs to specific target populations that have been previously underserved. Populations that have been identified as underserved include persons residing in areas of low density or persons of a minority race.

The Developmental Disabilities Council has also developed a brochure on early intervention programs and how to access them. This brochure has been distributed statewide to schools, physicians, disability groups and others so that more infants will benefit from this important service.

During FY '85, the Council will allocate funds under the priority service area of alternative community living arrangements in two areas:

1. The Council will fund an effort to develop prototype of residences for the non-mentally retarded developmentally disabled individual. By providing funds for the development of plans for innovative residences, the needs of persons with developmental disabilities will become known. When the Division of Mental Retardation is converted to a Division of Developmental Disabilities, it will be mandated to provide services, including residential services, to all persons with developmental disabilities. In light of this, it will be important to determine what the residential needs of persons with developmental disabilities, including those with physical disabilities, will be.

2. The Council will fund agencies to develop innovative family support programs, including in home respite care. The Council has recognized that for a long time respite care has been a need of the developmentally disabled that has not been met. The Council hopes that by funding agencies to provide respite services, model programs may be developed, leading to ongoing state service provision efforts.

The Council's decision to select case management services was based on its commitment to the development of such a lifelong service for all persons with developmental disabilities. The Council has recognized this need, especially in terms of non-mentally retarded developmentally disabled adults. Currently, no agency in New Jersey is responsible for providing comprehensive case management services to these adults. The Council has studied, in conjunction with the Division of Mental Retardation, the feasibility of that agency providing such a service. The Division of Mental Retardation was selected as it currently makes case management services available to eligible mentally retarded persons and autistic adults.

Additionally, when the Division of Mental Retardation becomes a Division of Developmental Disabilities, thus mandated to serve all persons with developmental disabilities, it would be the logical agency to provide comprehensive case management services.

Under this priority service area, the Developmental Disabilities Council is funding the UAF for a second and third year, to prepare a model case management study. The content of this study is discussed in Section 4.1.3 *New Directions in New Jersey*.

The awarding of service grant funds for Fiscal Year 1985 represents a departure from the traditional use of developmental disabilities service grant funds. The monies will be directed to a few major "service support" activities as opposed to many small direct service grants. Additionally, service funds will be utilized in the current fiscal year rather than awarding grants at the very end of the year to operate into the next.

Section V:

Council Goals, Objectives, Activities and Budget

5.1 What are the Council's objectives?

The New Jersey Developmental Disabilities Council develops goals and objectives directed at improving the quality of life of developmentally disabled citizens of New Jersey. These goals and objectives are developed and/or reviewed on an annual basis to ensure their relevancy as well as to evaluate the Council's effectiveness in meeting them.

The eleven goals of the Developmental Disabilities Council are:

A. To maintain and expand, throughout the State, a variety of quality community living arrangements and community-based support services for youths and adults with developmental disabilities.
B. To maintain, develop and expand a complete range of child development services for children with developmental disabilities, including early identification, diagnosis and evaluation, early intervention, and the counseling and training of parents.
C. Improve access to and provide maximum coordination of existing resources available to people with developmental disabilities.
D. To continue to encourage the existence of a coordinated, multi-purpose transportation system which is responsive to the needs of persons with developmental disabilities.
E. The integration of individuals with developmental disabilities into generic leisure time and recreation activities and to develop and maintain quality specialized recreation activities for persons with the most severe disabilities.
F. The existence in New Jersey of personal program coordination service (case management) and to provide for the comprehensive and life-long service needs of individuals with developmental disabilities.
G. The protection of the Civil Rights of persons with developmental disabilities.
H. The existence of a professional and non-professional human services manpower pool which serves to enhance the quantity and quality of services to individuals with developmental disabilities.
I. The existence of a complete and meaningful spectrum of community-based programs for youths and adults with developmental disabilities, regardless of their functioning level.
J. The development of positive public attitudes toward persons with developmental disabilities.
K. To ensure the effectiveness, efficiency and responsiveness of the Developmental Disabilities Council as a leadership planning body for all persons with developmental disabilties.

For each goal, the Council has developed three-year (long-term) objectives and plan-year (short-term) objectives aimed at attaining those goals. Specific activities to be undertaken by the Council through designated Council committees, and various public and private agencies are described.

GOAL A

To maintain and expand, throughout the state, a variety of quality community living arrangements and community-based support services for youths and adults with developmental disabilities.

Three Year Objective:

A1) To analyze and alleviate procedural and attitudinal barriers to the full participation of persons with developmental disabilities in the community.

Plan Year Objective:

A1a) To develop and implement strategies to overcome attitudinal barriers.

Plan Year Objective Activities:

A1a) Monitor activities of state and private agencies to be aware of problems as they arise and take appropriate actions.

Outcome Indicators: (Criteria for Evaluation)

Number of homes encountering opposition.

Committee Responsible:

Advocacy

Implementing Agency

Developmental Disabilities Council, private agencies and Division of Mental Retardation.

Three Year Objective:

A1) To analyze and alleviate procedural and attitudinal barriers to the full participation of persons with developmental disabilities in the community.

Plan Year Objective:

A1b) Review and evaluate the mix of community living arrangements available in terms of geographic location and program content.

Plan Year Objective Activities:

A1b) Study the geographic location and program content of community residences, make recommendations based on the findings.

Outcome Indicators: (Criteria for Evaluation)

The existence of a variety of community residential programs throughout the state.

Committee Responsible:

Planning

Implementing Agency

Developmental Disabilities Council, private agencies and Division of Mental Retardation.

Three Year Objective:

A2) To insure the availability of direct legal services to persons with developmental disabilities residing in the community.

Plan Year Objective:

A2) To assess the need for legal services by examining the findings of a law project available to persons with developmental disabilities throughout the state, as well as other resources.

Plan Year Objective Acitivities:

A2) Meet with representatives from the Community Mental Health Law Project, monitor progress of the project.

Outcome Indicators: (Criteria for Evaluation)

The existence of direct legal services for developmentally disabled persons residing in the community.

Committee Responsible

Advocacy

Implementing Agency

Developmental Disabilities Council and private agencies.

Three Year Objective:

A3) To foster coordination among, and provide assistance to those seeking to develop, community residential programs.

Plan Year Objective:

A3a) To explore and identify other funding sources to develop community-based living arrangements in addition to the resources available under the Housing and Community Development Act of 1974.

Plan Year Objective Activities:

A3a) Identify and make known funding sources for community living programs.

Outcome Indicators: (Criteria for Evaluation)

Number of residences developed with this funding.

Committee Responsible:

Public Information
Planning

Implementing Agency

Developmental Disabilities Council and Department of Community Affairs.

Three Year Objective:

A3) To foster coordination among, and provide assistance to those seeking to develop, community residential programs.

Plan Year Objective:

A3b) Work with the Division of Mental Retardation and other providers of community residential programs in the planning for and development of residential arrangements for the non-mentally retarded and non-autistic.

Plan Year Objective Activities:

A3b) With the Division of Mental Retardation and other providers, develop plans for community residences to serve persons who have other developmental disabilities aside from mental retardation and autism.

Outcome Indicators: (Criteria for Evaluation)

Development of plans for the provision of community residences.

Committee Responsible:

Planning

Implementing Agency

Developmental Disabilities Council, Division of Mental Retardation and private agencies.

Three Year Objective:

A4) To promote the appropriate utilization of the Medicaid Waiver which allows the Division of Mental Retardation to provide Medicaid reimburseable community-based services to clients with mental retardation and other developmental disabilities who would otherwise require ICF (Intermediate Care Facility) certified residential programs.

Plan Year Objective:

A4) Monitor planned for and unplanned for effects of the waiver upon service development and delivery.

Plan Year Objective Activities:

A4) Work with representatives from the Division of Mental Retardation on the utilization of funds generated by the waiver, make recommendations as indicated.

Outcome Indicators: (Criteria for Evaluation)

Increase in the volume of community services available under the waiver.

Committee Responsible:

Planning

Implementing Agency

Developmental Disabilities Council and Division of Mental Retardation.

Three Year Objective:

A5) To promote the establishment of a multi-component support system (home aid, short stay overnight) which addresses itself to the alleviation of stress in the parental situation.

Plan Year Objective:

A5) To foster the maintenance and expansion of support programs in the state through the identification and evaluation of potential program resources.

Plan Year Objective Activities:

A5) Based on study, make recommendations as to a model (i.e., cost effective) support service design.

Outcome Indicators: (Criteria for Evaluation)

The availability of a multi-component support system for families of persons with developmental disabilities.

Committee Responsible:

Task Force on Family Support Systems

Implementing Agency

Developmental Disabilities Council

Three Year Objective:

A6) To promote the development of home family care services throughout the state.

Plan Year Objective:

A6) Study the implementation of child welfare and home family care services as provided for in the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272).

Plan Year Objective Activities:

A6) Based on study, make recommendations as to a model (i.e., cost effective) support service design.

Outcome Indicators: (Criteria for Evaluation)

The implementation of child welfare and home care services as mandated in P.L. 96-272.

Committee Responsible:

Legislative

Implementing Agency

Developmental Disabilities Council

GOAL B

To maintain, develop and expand a complete range of child development services for children with developmental disabilities, including early identification, diagnosis and evaluation, early intervention, and the counseling and training of parents.

Three Year Objective:

B1) To stabilize the funding and support of high quality early intervention programs throughout the state.

Plan Year Objective:

B1a) Continue to make developmental disabilities service funds available as a supplement until full public funding for early intervention programs is obtained.

Plan Year Objective Activities:

B1a) Provide funds for outreach activities to encourage the involvement of young children (ages 0-3) in early intervention programs.

Outcome Indicators: (Criteria for Evaluation)

An increase in the number of children enrolled in early intervention programs across the state.

Committee Responsible:

Planning

Implementing Agency

Developmental Disabilities Council and Division of Mental Retardation.

Three Year Objective:

B1) To stabilize the funding and support of high quality early intervention programs throughout the state.

Plan Year Objective:

B1b) Continue to monitor funding sources for early intervention programs.

Plan Year Objective Activities:

B1b) Continue to monitor the utilization of funds and operation of programs through the New Jersey Department of Education for early intervention programs.

Outcome Indicators: (Criteria for Evaluation)

The availability of an appropriate network of early intervention programs with sustained funding.

Committee Responsible:

Planning

Implementing Agency

Developmental Disabilities Council, Division of Mental Retardation and Department of Education.

Three Year Objective:

B2) Make known the availability of early intervention programs throughout the state.

Plan Year Objective:

B2) Continue to disseminate information regarding the availability of early intervention programs to visiting nurse services personnel, hospital social work staff, physicians, local boards of education and parent/teacher associations and encourage them to provide information to those in need of early intervention programs.

Plan Year Objective Activities:

B2) Assist the Department of Education as well as other agencies in their efforts to inform parents, through local boards of education, of the availability of early intervention programs.

Outcome Indicators: (Criteria for Evaluation)

Contacts made through mailing list.

Committee Responsible:
Public Information

Implementing Agency
Developmental Disabilities Council, Department of Health and Department of Education.

Three Year Objective:
B3) To promote effective identification of infants and toddlers with developmental disabilities by health, human services, and education agencies and to promote referral of those identified to appropriate services.

Plan Year Objective:
B3) Encourage the Departments of Education, Health, and Human Services to assist providers of early intervention programs in the implementation of the program guidelines. Monitor the progress of providers toward meeting the objectives set by the guidelines.

Plan Year Objective Activities:
B3) Work with the Departments of Education, Health, and Human Services to assist providers of early intervention programs in understanding and implementing the guidelines for provision of early intervention services.

Outcome Indicators: (Criteria for Evaluation)
The full implementation of the guidelines by private and state agencies involved in the provision of early intervention programs.

Committee Responsible:
Planning

Implementing Agency
Developmental Disabilities Council, Division of Mental Retardation, Department of Health and Department of Education.

Three Year Objective:
B4) To press for the expanded availability of sequential comprehensive identification, diagnosis and evaluation services for children with developmental disabilities.

Plan Year Objective:
B4) Continue to assist the UAF in the development of interdisciplinary training in connection with such services available through the University of Medicine and Dentistry of New Jersey.

Plan Year Objective Activities:
B4) To press for the UAF to be the nexus for this training.

Outcome Indicators: (Criteria for Evaluation)
The establishment of interdisciplinary training programs at the UAF-Rutgers Medical School.

Committee Responsible:
Planning

Implementing Agency
Developmental Disabilities Council, University Affiliated Facility, University of Medicine and Dentistry and Department of Health.

GOAL C

Improve access to and provide maximum coordination of existing resources available to people with developmental disabilities.

Three Year Objective:

C1) To bring about the conversion of the Division of Mental Retardation to a Division of Developmental Disabilities with the authority to serve all persons with developmental disabilities, in addition to mental retardation or autism.

Plan Year Objective:

C1a) To promote and assist the Divisions of Mental Retardation and Youth and Family Services in implementing the recommendations of the Task Force on Autism.

Plan Year Objective Acitivities:

C1a) Monitor progress made by the Division of Mental Retardation and the Division of Youth and Family Services toward meeting the needs of their clients with autism.

Outcome Indicators: (Criteria for Evaluation)

Increased availability of appropriate programs for persons with autism.

Committee Responsible:

Advocacy

Implementing Agency

Developmental Disabilities Council, Division of Youth and Family Services and Division of Mental Retardation.

Three Year Objective:

C1) To bring about the conversion of the Division of Mental Retardation to a Division of Developmental Disabilities with the authority to serve all persons with developmental disabilities, in addition to mental retardation or autism.

Plan Year Objective:

C1b) To obtain the necessary legislative advances to convert the Division of Mental Retardation to a Division of Developmental Disabilities.

Plan Year Objective Activities:

C1b) Encourage the passage of legislation necessary to effect this change and to assist in the implementation of this legislation.

Outcome Indicators: (Criteria for Evaluation)

Passage of such legislation.

Committee Responsible:

Legislative
Planning

Implementing Agency

Developmental Disabilities Council, Department of Human Services and Division of Mental Retardation.

Three Year Objective:

C2) To foster cooperation and coordination among public and voluntary agencies serving persons with developmental disabilities, especially at the county level.

Plan Year Objective:

C2) To ensure the representation of developmentally disabled persons on county Human Service Advisory Councils.

Plan Year Objective Activities:

C2) Provide County Human Service Advisory Councils with information concerning the needs of persons with developmental disabilities.

Outcome Indicators: (Criteria for Evaluation)

Responsiveness of County Human Service Advisory Councils, as evidenced in their county plans, to the needs of developmentally disabled persons.

Committee Responsible:

Public Information
Advocacy

Implementing Agency

County Human Service Advisory Councils and Developmental Disabilities Council.

Three Year Objective:

C3) To press for full implementation of state and federal statutes pertaining to the education of persons with handicaps.

Plan Year Objective:

C3) To foster a thorough review of the funding of education programs for persons with handicaps and to recommend reform as needed.

Plan Year Objective Activities:

C3) Monitor and comment upon state and federal level activities in this area.

Outcome Indicators: (Criteria for Evaluation)

Implementation of education reforms as needed.

Committee Responsible:

Advocacy

Implementing Agency

Developmental Disabilities Council and Department of Education.

Three Year Objective:

C4) To press for more adequate educational opportunities for adults with developmental disabilities.

Plan Year Objective:

C4) To press for enforcement of the rights set forth in the New Jersey Supreme Court decision relating to persons residing in state developmental centers.

Plan Year Objective Activities:

C4) Monitor the Division of Mental Retardation's activities to improve the educational opportunities for adults in state developmental centers for mentally retarded persons.

Outcome Indicators: (Criteria for Evaluation)

The number of adults residing in state developmental centers involved in education and training programs.

Committee Responsible:

Advocacy

Implementing Agency

Developmental Disabilities Council and Division of Mental Retardation.

Three Year Objective:

C5) To continue promoting the use of SCRIP (the Standard Computerized Referral-Information Program) as a means to provide effective service referral to persons with developmental disabilities.

Plan Year Objective:

C5) To increase the utilization of SCRIP.

Plan Year Objective Activities:

C5) Revise SCRIP publicity campaign, implement.

Outcome Indicators: (Criteria for Evaluation)

Increase in the number of SCRIP calls received as well as in the number of favorable responses on feedback cards.

Committee Responsible:

Public Information

Implementing Agency

Developmental Disabilities Council

GOAL D

To continue to encourage the existence of a coordinated, multi-purpose transportation system which is responsive to the needs of persons with developmental disabilities.

Three Year Objective:

D) To foster coordination among those public and private agencies currently providing transportation services for persons with developmental disabilities so that existing resources can be maximized.

Plan Year Objective:

D1a) Continue working with the Office of Public Transportation Services within the Department of Transportation in order to improve and coordinate transportation services to persons with disabilities.

Plan Year Objective Activities:

D1a) Meet with representatives of the Office of Public Transportation Services in order to monitor and assist in the implementation of their transportation programs.

Outcome Indicators: (Criteria for Evaluation)

The availability of transportation services to persons with disabilities.

Committee Responsible:

Advocacy

Implementing Agency

Developmental Disabilities Council and Office of Public Transportation.

Three Year Objective:

D) To foster coordination among those public and private agencies currently providing transportation services for persons with developmental disabilities so that existing resources can be maximized.

Plan Year Objective

D1b) Monitor the implementation of the Senior Citizen and Disabled Resident Transportation Assistance Act by the NJ Transit Corporation.

Plan Year Objective Activities

D1b) Meet with representatives of NJ Transit and representatives from the county agencies responsible for planning and provision of transportation services to assist in and monitor implementation of this act.

Assure adequate representation of persons with developmental disabilities on the county citizen's advisory councils so that the transportation needs of persons with disabilities are recognized and met.

Outcome Indicators: (Criteria for Evaluation)
The increased availability of transportation services to persons with disabilities.

Committee Responsible:
Advocacy

Implementing Agency
Developmental Disabilities Council and the NJ Transit.

GOAL E

The integration of individuals with developmental disabilities into generic leisure time and recreation activities and to develop and maintain quality specialized recreation activities for persons with the most severe disabilities.

Three Year Objective:
E) Encourage, throughout the state, the integration of people with developmental disabilities into generic leisure time and recreation activities and the development of specialized leisure time activities for severely disabled persons.

Plan Year Objective:
E) To encourage the development of reliable bases of support and responsibility for both integrated and specialized leisure time and recreation activities.

Plan Year Objective Activities:
E) To monitor and assist the Department of Community Affairs' Office of Recreation toward this end.

Outcome Indicators: (Criteria for Evaluation)
The number and availability of specialized and generic leisure and recreation programs.

Committee Responsible:
Advocacy

Implementing Agency
Developmental Disabilities Council and Department of Community Affairs.

GOAL F

The existence in New Jersey of a personal program coordination service (case management) to provide for the comprehensive and lifelong service needs of individuals with developmental disabilities.

Three Year Objective:
F1) To press for the development of an administrative structure within the Division of Mental Retardation to serve the lifelong needs of all persons with developmental disabilities.

Plan Year Objective:
F1a) Maintain and expand the SCRIP program as an effective tool to foster case management services to the developmentally disabled.

Plan Year Objective Activities:
F1a) Provide the services of the SCRIP program as a tool to assist case managers and others in linking developmentally disabled individuals with the services most appropriate for their needs.

Outcome Indicators: (Criteria for Evaluation)
The widespread use of SCRIP by case managers in locating services.

Committee Responsible:
Public Information.

Implementing Agency
Developmental Disabilities Council and Division of Mental Retardation.

Three Year Objective:
F1) To press for the development of an administrative structure within the Division of Mental Retardation to serve the lifelong needs of all persons with developmental disabilities.

Plan Year Objective:
F1b) Monitor and assist in the conversion of the Division of Mental Retardation to a Division of Developmental Disabilities and foster its cooperation with other agencies so that a continuum of services (including case management) is available to all persons with developmental disabilities.

Plan Year Objective Activities:
F1b) Assist the Division of Mental Retardation in its conversion to a Division of Developmental Disabilities.

Outcome Indicators: (Criteria for Evaluation)
Development and beginning of implementation of plans for the operation of the new Division of Developmental Disabilities including provisions for case management services.

Committee Responsible:
Legislative
Planning

Implementing Agency
Developmental Disabilities Council and Division of Mental Retardation.

Three Year Objective:
F1) To press for the development of an administrative structure within the Division of Mental Retardation to serve the lifelong needs of all persons with developmental disabilities.

Plan Year Objective:
F1c) Continue to provide funds to the University Affiliated Facility at Rutgers Medical School for development of a model case management system to serve the needs of all persons with developmental disabilities.

Plan Year Objective Activities:
F1c) Funding will be provided to the UAF for design of a model case management system.

Outcome Indicators: (Criteria for Evaluation)
Development of plans for a model case managemer system.

Committee Responsible:
Legislative
Planning

Implementing Agency
Developmental Disabilities Council, Division of Mental Retardation and University Affiliated Facility.

Three Year Objective:

F2) To seek modifications of professional and non-professional human services personnel to meet the service needs of persons with developmental disabilities.

Plan Year Objective:

F2) To provide developmental disabilities funds to identify the roles of case managers and develop an appropriate curriculum which will provide direct service workers with the skills necessary to fulfill those roles.

Plan Year Objective Activities:

F2) Continue to fund the development of a model curriculum.

Outcome Indicators: (Criteria for Evaluation)

Development of a model curriculum for case managers.

Committee Responsible:

Manpower

Implementing Agency

Developmental Disabilities Council and University Affiliated Facility.

GOAL G

The protection of the Civil Rights of persons with developmental disabilities.

Three Year Objective:

G1) To monitor, encourage and assist the operation of the system of advocacy and civil rights protection for persons with developmental disabilities in New Jersey.

Plan Year Objective:

G1a) To continue to support, define obstacles to, the exercise of civil rights by citizens with developmental disabilities, including those rights which are guaranteed under Sections 503 and 504 of the Vocational Rehabilitation Act, P.L. 94-142, the Education of All Handicapped Children Act, the Developmental Disabilities State Bill of Rights and other such entitlements. Such efforts shall focus on, but not be limited to, obstacles related to treatment and care, habilitation and rehabilitation, financial entitlements, mobility and accessibility, education, employment, and the right to live in the community.

Plan Year Objective Activities:

G1a) Through the Council's Committee on Advocacy and staff, continue to advise, monitor and encourage the Division of Advocacy for the Developmentally Disabled and related agencies to define and work toward the elimination of obstacles to the exercise of civil rights by developmentally disabled persons in New Jersey. Members of the Council and the Executive Director will continue to be active members of the ad hoc advisory committee to the Division of Advocacy for the Developmentally Disabled.

Outcome Indicators: (Criteria for Evaluation)

Documentation of obstacles overcome.

Committee Responsible:

Advocacy

Implementing Agency

Developmental Disabilities Council and Division of Advocacy for the Developmentally Disabled.

Three Year Objective:

G1) To monitor, encourage and assist the operation of the system of advocacy and civil rights protection for persons with developmental disabilities in New Jersey.

Plan Year Objective:

G1b) To press for the enactment of protective intervention legislation which would apply to all adults with developmental disabilities.

Plan Year Objective Activities:

G1b) Monitor progress of legislation, take action as indicated.

Outcome Indicators: (Criteria for Evaluation)

Passage of protective intervention legislation.

Committee Responsible:

Legislative

Implementing Agency

Developmental Disabilities Council and Division of Advocacy for the Developmentally Disabled.

GOAL H

The existence of professional and non-professional human services personnel who will serve to enhance the quantity and quality of services to individuals with developmental disabilities.

Three Year Objective:

H1) To seek modifications of professional and non-professional human services personnel to meet the service needs of persons with developmental disabilities.

Plan Year Objective:

H1a) Continue to work with the expanded University Affiliated Facility within the state whose emphasis will be to identify personnel needs and develop programs aimed at improving the quality of services available to persons with developmental disabilities.

Plan Year Objective Activities:

H1a) Work with the UAF in the development of interdisciplinary training programs for professionals and non-professionals serving the developmentally disabled.

Outcome Indicators: (Criteria for Evaluation)

Development of interdisciplinary training programs.

Committee Responsible:

Manpower
Planning

Implementing Agency

Developmental Disabilities Council and University Affiliated Facility.

Three Year Objective:

H1) To seek modifications of professional and non-professional human services personnel to meet the service needs of persons with developmental disabilities.

Plan Year Objective:

H1b) To encourage the identification of the roles of case managers and the development of appropriate curriculum which will provide direct service workers with the skills necessary to fulfill those roles.

Plan Year Objective Activities:

H1b) To encourage and assist the UAF in the development of such a curriculum.

Outcome Indicators: (Criteria for Evaluation)

Development of a model curriculum for case managers.

Committee Responsible:

Manpower

Implementing Agency

Developmental Disabilities Council and University Affiliated Facility.

GOAL I

The existence of a complete and meaningful spectrum of community-based day programs for youths and adults with developmental disabilities, regardless of their functioning level.

Three Year Objective:

I1) To encourage the availability of a full range of day programs including sheltered and extended employment opportunities, work activity centers and socialization programs throughout the state.

Plan Year Objective:

I1a) Continue to work with the Division of Vocational Rehabilitation and the Division of Mental Retardation to identify gaps in existing training programs for those developmentally disabled persons who are not mentally retarded.

Plan Year Objective Activities:

I1a) Request reports from the Division of Mental Retardation and the Division of Vocational Rehabilitation as to the number of persons on waiting lists for programs, make recommendations as indicated.

Outcome Indicators: (Criteria for Evaluation)

Number of programs developed for non-mentally retarded developmentally disabled persons, elimination of waiting lists.

Committee Responsible:

Task Force on Vocational Preparation and Employment Opportunities.

Implementing Agency

Developmental Disabilities Council, Division of Mental Retardation and Division of Vocational Rehabilitation.

Three Year Objective:

I1) To encourage the availability of a full range of day programs including sheltered, extended and supported employment opportunities, work activity centers and socialization programs throughout the state.

Plan Year Objective:

I1b) To encourage the development of innovative employment programs which utilize resources available through private industries throughout the state.

Plan year Objective Activities:

I1b) Meet with staff from private industry councils, provider agencies and private industry to assist them in developing such programs.

Outcome Indicators: (Criteria for Evaluation)

Development of innovative employment programs.

Committee Responsible:

Public Information

Task Force on Vocational Preparation and Employment Opportunities.

Implementing Agency

Developmental Disabilities Council, Division of Vocational Rehabilitation, private agencies and private industry.

Three Year Objective:

I2) To encourage a systematic flow among the levels to permit upward mobility of clients within the spectrum of day programs.

Plan Year Objective:

I2) To continue to work with the Division of Vocational Rehabilitation and the Division of Mental Retardation to identify barriers to improved placement and follow-up services for persons with developmental disabilities enroiled in day programs.

Plan Year Objective Activities:

I2) Request reports from the Division of Vocational Rehabilitation and the Division of Mental Retardation as to current placement and follow-up procedures, as well as data on clients in the system; identify weaknesses and make recommendations.

Outcome Indicators: (Criteria for Evaluation)

Increase in the number of clients moved to a more competitive program.

Committee Responsible:

Task Force on Vocational Preparation and Employment Opportunities.

Implementing Agency

Developmental Disabilities Council, Division of Mental Retardation and Division of Vocational Rehabilitation.

Three Year Objective:

I To improve vocational training opportunities for teenagers with developmental disabilities.

Plan Year Objective:

I3a) To improve vocational training opportunities by fostering cooperation, coordination, and client referral among vocational training, rehabilitation and special education programs.

Plan Year Objective Activities:

I3a) Continue to communicate on a frequent basis with officials from vocational education and vocational rehabilitation programs and take appropriate action to foster their cooperative activities.

Outcome Indicators:(Criteria for Evaluation)

Number of special education pupils referred and placed in vocational rehabilitation programs.

Committee Responsible:

Task Force on Vocational Preparation and Employment Opportunities.

Implementing Agency

Developmental Disabilities Council, Division of Mental Retardation and the Division of Vocational Rehabilitation Services and Department of Education.

Three Year Objective:

I3) To improve vocational training opportunities for teenagers with developmental disabilities.

Plan Year Objective:

I3b) To encourage the development and implementation of vocational training elements into special education programs.

Plan Year Objective Activities:

I3b) Provide technical assistance to the Department of Education in its development of special education curriculums.

Outcome Indicators: (Criteria for Evaluation)

The implementation of vocational training elements into special education programs.

Committee Responsible:

Task Force on Vocational Preparation and Employment Opportunities.

Implementing Agency
Developmental Disabilities Council and Department of Education.

GOAL J

The development of positive public attitudes toward persons with developmental disabilities.

Three Year Objective:
J) To work toward the elimination of negative public attitudes which block persons with developmental disabilities full access to housing, employment, learning and independent living.

Plan Year Objective:
J) Provide information on an ongoing basis to improve public attitudes toward persons with developmental disabilities.

Plan Year Objective Activities:
J) Continue to issue the Council's bi-monthly newsletter, *Interface;* foster the broadcast of television and radio announcements; distribute the updated consumer handbook; revise Council posters; make widely known the use of staff as speakers; hold annually an Aware Fair.

Outcome Indicators: (Criteria for Evaluation)
Number of persons on mailing list, number of speaking engagements; number of participants at Aware Fair; number of television and radio spots.

Committee Responsible:
Public Information

Implementing Agency
Developmental Disabilities Council

GOAL K

To ensure the effectiveness, efficiency and responsiveness of the Developmental Disabilities Council as a leadership planning body for all persons with developmental disabilities in New Jersey.

Three Year Objective:
K) To conduct meaningful, systematic evaluations of the Council's activities as a major component of the goal/objective setting/planning process.

Plan Year Objective:
K1a) To review not less often than annually the goals and objectives presented in the *New Jersey State Plan for Services to Persons with Developmental Disabilities* (or its updates).

Plan Year Objective Activities:
K1a) Planning Committee and staff shall review and report to the Council on compliance and congruency of the goals and objectives.

Outcome Indicators: (Criteria for Evaluation)
***Objectives for goal "K" suggest those activities to be undertaken by the Council and its staff to achieve objectives A through J. Subsequently, outcome indicators are the same and are not repeated.

Committee Responsible:
Planning

Implementing Agency
Developmental Disabilities Council

Three Year Objective:

K1) To conduct meaningful, systematic evaluations of the Council's activities as a major component of the goal/objective setting/planning process.

Plan Year Objective:

K1b) To provide meaningful opportunities for input by consumers, providers, and the general public into the Council's annual goal and objective setting process.

Plan Year Objective Acitivities:

K1b) Continue to provide on an annual basis, provide an opportunity for consumer input. Keep a record of these and other comments and incorporate into planning cycle.

Outcome Indicators: (Criteria for Evaluation)

***

Committee Responsible:

Planning

Implementing Agency

Developmental Disabilities Council

Three Year Objective:

K1) To conduct meaningful, systematic evaluations of the Council's activities as a major component of the goal/objective setting/planning process.

Plan Year Objective:

K1c) To review on a regular basis the progress made by the Council toward the achievement of long-range and plan year objectives.

Plan Year Objective Activities:

K1c) Planning Committee will conduct a systematic evaluation of the goals and objectives at the outset of the planning cycle.

Outcome Indicators: (Criteria for Evaluation)

***

Committee Responsible:

Planning

Implementing Agency

Developmental Disabilities Council

Three Year Objective:

K1) To conduct meaningful, systematic evaluations of the Council's activities as a major component of the goal/objective setting/planning process.

Plan Year Objective:

K1d) To ensure maximum utilization of all resources available or potentially available to persons with developmental disabilities, especially resources provided by developmental disability service funds.

Plan Year Objective Activities:

K1d) The Council will continue to act as a resource and in an advisory capacity to the administering agency to improve grants management operations and to develop and implement other evaluative mechanisms.

Outcome Indicators: (Criteria for Evaluation)

***

Committee Responsible:
Planning

Implementing Agency
Developmental Disabilities Council and Division of Mental Retardation.

Three Year Objective:
K1) To conduct meaningful, systematic evaluations of the Council's activities as a major component of the goal/objective setting/planning process.

Plan Year Objective:
K1e) To maximize the effectiveness of the Council staff.

Plan Year Objective Activities:
K1e) The Executive Director will carry out with staff the state's mechanism of employee evaluations.

Outcome Indicators: (Criteria for Evaluation)
***

Committee Responsible:
Planning

Implementing Agency
Developmental Disabilities Council

Three Year Objective:
K2) To continue to improve the Council's planning techniques and capabilities.

Plan Year Objective:
K2a) To continue to encourage service agencies to collect, make available and share data on their client caseload.

Plan Year Objective Activities:
K2a) Council staff will maintain and effectively utilize relationships with the planning staff of other state and private agencies.

Outcome Indicators: (Criteria for Evaluation)
***

Committee Responsible:
Planning

Implementing Agency
Developmental Disabilities Council

Three Year Objective:
K2) To continue to improve the Council's planning techniques and capabilities.

Plan Year Objective:
K2b) To identify and implement appropriate uses of SCRIP for planning purpose, on both a statewide and county level.

Plan Year Objective Activities:

K2b) Meet with staff from New Jersey Educational Computer Network to work on costs and feasibility of modifying SCRIP program to be utilized as a planning tool.

Outcome Indicators: (Criteria for Evaluation)

***

Committee Resonsible:

Planning

Implementing Agency

Developmental Disabilities Council

Three Year Objective:

K2) To continue to improve the Council's planning techniques and capabilities.

Plan Year Objective:

K2c) To ensure the special needs of minority consumers are taken into consideration in the planning process.

Plan Year Objective Activities:

K2c) Identify, in conjunction with the Division of Advocacy for the Developmentally Disabled, the special needs of minority consumers.

Outcome Indicators: (Criteria for Evaluation)

***

Committee Responsible:

Planning

Implementing Agency

Developmental Disabilities Council

Three Year Objective:

K2) To continue to improve the Council's planning techniques and capabilities.

Plan Year Objective:

K2d) To encourage the development of a Client Information System (CIS) which would provide meaningful information on present and future service needs of Department of Human Services clients.

Plan Year Objective Activities:

K2d) To provide technical assistance to the Department of Human Services in the development of Client Information System.

Outcome Indicators: (Criteria for Evaluation)

***

Committee Resonsible;

Planning

Implementing Agency

Developmental Disabilities Council and Division of Mental Retardation.

5.2 What is the developmental disability program's projected budget for FY 1985?

The projected expenditures for FY '85 are displayed in Table 5-1. The actual allotment and expenditures are reported on the quarterly financial status report, on plan year budget revisions, and in the *Annual Report* at the close of the fiscal year.

Refer to Section III for a detailed description of the method for obtaining developmental disability service funds.

TABLE 5-1

SUMMARY OF DEVELOPMENTAL DISABILITIES EXPENDITURES*

STATE New Jersey

FY ENDING September 30, 1985

ALLOCATION TO STATE AGENCY BY SOURCE OF FUNDS

STATE AGENCY DESIGNED TO ADMINISTER DD FUNDS	NON-FEDERAL FUNDING			TOTAL FEDERAL FUNDS	TOTAL FUNDS
	STATE	NON-PROFIT MATCH	TOTAL NON-FEDERAL		
NEW JERSEY DIVISION OF MENTAL RETARDATION	$470,525	$340,000	$810,525	$1,275,808	$2,086,333

ALLOCATIONS TO STATE AGENCY

STATE AGENCY DESIGNATED TO ADMINISTER DD FUNDS	TOTAL FEDERAL & NON-FEDERAL	PLANNING		ADMINIS-TRATION	PRIORITY SERVICES		
		COUNCIL	OTHER		TOTAL	CASE MANAGEMENT	ALTERNATIVE LIVING ARRANGEMENTS
NEW JERSEY DIVISION OF MENTAL RETARDATION	F-$1,275,808 NF-$810,525	$396,532.80 $113,259.00	$0 $0	$ 50,000 $ 81,636	$ 829,275.20 $ 615,000.00	$125,000 $ 50,000	$ 704,275.20 $ 565,000.00
TOTAL	$2,086,333	$510,391.80	$0	$131,666	$1,444,275.00	$175,000	$1,269,275.20
PERCENT OF FEDERAL ALLOCATION UTILIZED FOR PLANNING, ADMINISTRATION OR PRIORITY SERVICES	100%	30%		5%	65%		

*TOTAL ALLOCATION FOR FY '85 INCLUDES BASIC FORMULA GRANT, REPROGRAMMED FUNDS & REALLOTMENTS OF UNUSED INITIAL AND REPROGRAMMED FUNDS.

Section VI

Assurances

6.1 New Jersey assures that the composition of the State Planning Council meets the requirements of Section 124 (Sec. 122 (b)(1)(A)).

6.2 New Jersey assures that each State agency designated under subparagraph (B) will keep such records and afford such access thereto as the Secretary or the State Planning Council finds necessary (Sec. 122 (b)(1)(C)).

6.3 New Jersey assures that it will provide for such fiscal control and fund accounting procedures as may be necessary to assure the proper disbursement of and accounting for funds paid to the State under Part (B) of Public Law 95-602 (Sec. 122 (b)(1)(D)).

6.4 New Jersey assures that the Plan will set forth the non-Federal share that will be required to carry out each such objective and program. (Sec. 122 (b)(2)(B)).

6.5 New Jersey assures that it has established a method for the periodic evaluation of the Plan's effectiveness in meeting the objectives set forth in the Plan (Sec. 122 (b)(2)(E)).

6.6 New Jersey assures that the funds paid to the State under Section 125 will be used to make a significant contribution toward strengthening services for persons with developmental disabilities through agencies in the various political subdivisions of the state (Sec. 122 (b)(3)(A)).

6.7 New Jersey assures that part of the funds under Part (B) will be made available to public or nonprofit private entities (Sec. 122 (b)(3)(B)).

6.8 New Jersey assures that not more than 25 percent of funds will be allocated to the agency or agencies designated under Section 122 (b)(1)(B) for the provision of services by such agency or agencies (Sec. 122 (b)(3)(C)).

6.9 New Jersey assures that funds paid to the State under Section 125 will be used to supplement and to increase the level of funds that would otherwise be made available for the purposes for which Federal funds are provided and not to supplant non-Federal funds (Sec. 122 (b)(3)(D)).

6.10 New Jersey assures that there will be reasonable State financial participation in the cost of carrying out the State Plan (Sec. 122 (b)(3)(E)).

6.11 New Jersey assures that the remainder of the amount available to the State from allotments under Section 125 (after making the expenditures required in Section 122 (b)(4)(E)(i) which requires that not less than 65 percent of the amount available to the State under Section 125 will be expended for service activities in the priority services) shall be used for service activities for persons with developmental disabilities and the planning, coordination and administration of and advocacy for, provision of such services (Section 122 (b)(4)(E)(ii)).

6.12 New Jersey assures that special financial and technical assistance shall be given to agencies or entities providing services for persons with developmental disabilities who are residents of geographical areas designated as urban or rural poverty areas (Sec. 122 (b)(4)(F)).

6.13 New Jersey assures that services furnished, and the facilities in which they are furnished, under the plan for persons with developmental disabilities will be in accordance with standards prescribed by the Secretary in regulations (Sec. 122 (b)(5)(A)(i)).

6.14 New Jersey assures that the buildings used in connection with the delivery of services assisted under the Plan will meet standards adopted pursuant to the Architectural Barriers Act of 1968 (Sec. 122 (b)(5)(A)(ii)).

6.15 New Jersey assures that services assisted under the Plan are provided in an individualized manner consistent with the requirements of Section 123 (relating to habilitation plans) (Sec. 122 (b)(5)(B)).

6.16 New Jersey assures that the human rights of all persons with developmental disabilities (especially those persons without familial protection) who are receiving treatment, services, or habilitation under programs assisted under Part (B) will be protected consistent with Section 110 (relating to the rights of the developmentally disabled) (Sec. 122 (b)(5)(C)).

6.17 New Jersey assures that affirmative action steps have been undertaken to assure the participation in programs under this title of individuals generally representative of the population of the state, with particular attention to the participation of members of minority groups (Sec. 122 (b)(5)(D)).

6.18 New Jersey assures that there has been maximum utilization of all available community resources including volunteers (Sec. 122 (b)(6)(A)).

6.19 New Jersey assures that the State will provide the State Planning Council with a copy of each annual survey report and plan of corrections for cited deficiencies prepared pursuant to section 1902 (a)(31)(B) of the Social Security Act with respect to any intermediate care facility for the mentally retarded within thirty days after completion of each such report or plan (Sec. 122 (b)(5)(E)).

The Facilities Evaluation Unit within the New Jersey Division of Mental Retardation will be the agency responsible for providing such reports to the office of Grants Management within the same Division, who will then in the aforementioned time frame forward the reports to the Developmental Disabilities Council.

Section VII

Attachments

7.1 Agencies included in the private agency survey

Atlantic County

Association for Retarded Citizens/Atlantic County
1227 Drexel Avenue
Atlantic City, NJ 08401
(609) 345-7021

Atlantic County Opportunity Center for the Handicapped Inc.
2 Buffalo Avenue
Egg Harbor City, NJ 08215
(609) 965-6871

Caring House
350 Chestnut Neck Rd.
Port Republic, NJ 08241
(201) 652-6524

Bergen County

Association for Retarded Citizens/Bergen & Passaic Counties
25 Broad Avenue
Palisades Park, NJ 07650
(201) 345-8440

Bergen County Day Training Center
374 E. Ridgewood Avenue
Paramus, NJ 07652
(201) 261-6230

Bergen County Center
Association for Retarded Citizens/New Jersey Child Center
84 Hickory Avenue
Bergenfield, NJ 07670
(201) 384-1213

Easter Seal Community Service Center for the Handicapped
171 Atlantic
Hackensack, NJ 07601
(201) 342-5739

Associated Craftsmen/Easter Seal Society
171 Atlantic Street
Hackensack, NJ 07601
(201) 342-5739

Handicapped Independence Program (HIP)
Social Service Federation of Englewood
44 Armory Street
Englewood, NJ 07631
(201) 568-0817

Burlington County

Association for Retarded Citizens/Burlington County
1011 Deacon Road
Hainesport, NJ 08036
(609) 267-5453

The Occupational Training Center of Burlington County
Woodlane Road
Mount Holly, NJ 08060
(609) 267-6677

Camden County

Association for Retarded Citizens/Camden County
215 West Whitehorse Pike
Berlin, NJ 08009
(609) 767-3650

Goodwill Industries of Southern N.J.
100 South 17th Street
Camden, NJ 08105
(609) 964-5800

Infant Program, Kingsway Learning Center
144 Kings Highway West
Haddonfield, NJ 08033
(609) 428-8108

The Alternative School, Inc.
Strafford School Annex
Haddonfield Road
Cherry Hill, NJ 08034
(609) 795-8228

Children's Seashore House/Association for Retarded Citizens
215 West Whitehorse Pike
Berlin, NJ 08009
(609) 767-2600

Cape May County

Association for Retarded Citizens/Cape May County
6th Street & Maryland Avenues
Rio Grande, NJ 08242
(609) 465-9349

Jersey Cape Diagnostic Training and Opportunity Center, Inc.
Cape May Court House, NJ 08210
(609) 465-4117

Cumberland County

Association for Retarded Citizens/Cumberland County
160 West Sherman Avenue
Vineland, NJ 08360
(609) 691-9138

Shirley Eves Center
United Cerebral Palsy
10th & Vine Street
Millville, NJ 08332
(609) 825-5840

CRC/Easter Seals
2155 So. Delsea Drive
Box 555
Vineland, NJ 08360
(609) 696-8770

Essex County

Catholic Community Services
17 Mulberry Street
Newark, NJ 07102
(201) 596-4057

Association for Retarded Citizens/Essex County
62 North Walnut Street
East Orange, NJ 07017
(201) 676-8070

Occupational Center of Essex County
391 Lakeside Avenue
Orange, NJ 07050
(201) 672-5800

Catholic Community Services
Archbishop Boland Rehabilitation and Training Center
450 Market Street
Newark, NJ 07105
(201) 344-1012

West Essex Rehabilitation Center
83 Walnut Street
Montclair, NJ 07042
(201) 744-7733

Easter Seal Society
Essex Housing Program
1013 South Orange
Newark, NJ 07106
(201) 371-3262

March of Dimes Birth Defects Foundation/North Jersey Chapter
277 Fairfield Road
Fairfield, NJ 07006
(201) 882-0700

Jespy House Inc.
65 Academy Street
South Orange, NJ 07079
(201) 762-6909

Gloucester County

St. John of God Community Services
532 Delsea Drive
Westville Grove, NJ 08093
(609) 848-4700

Association for Retarded Citizens/Gloucester County
53 Smallwood Place
Woodbury, NJ 08096
(609) 848-8648

Cerebral Palsy Center of Gloucester & Salem Counties, Inc.
Route 322
Glassboro, NJ 08028
(609) 881-8678

Hudson County

Association for Retarded Citizens/Hudson County
Murdoch Hall
114 Clifton Place
Jersey City, NJ 07304
(201) 434-7783

Goodwill Industries of N.J., Inc.
400 Worthington Avenue
Harrison, NJ 07029
(201) 481-2300

Academy House, Inc.
297-308 Academy Street
Jersey City, NJ 07306
(201) 656-5266

Hunterdon County

Department of Child Evaluation and Treatment
Hunterdon Medical Center
Rt. 31
Flemington, NJ 08822
(201) 782-2121

Pioneer on Wheels, Inc.
Flemington, NJ 08822
(201) 788-1473

Hunterdon Occupational Training Center
R.D. #6
Flemington, NJ 08822
(201) 782-1480

Easter Seal of Hunterdon County
Box 11
Lambertville, NJ 08530
(609) 397-8657

Association for Retarded Citizens/Hunterdon County
Administration Building, Main Street
Flemington, NJ 08822
(201) 782-7827

Mercer County

Mercer Day Training Center
1600 Styvesent Avenue
Trenton, NJ 08618
(609) 394-1123

Nottingham Recreation Center for the Physically Limited, Inc.
P.O. Box 2556
Trenton, NJ 08690
(609) 298-0566 or 890-3839

Mercer Street Friends Home Health Care
151 Mercer Street
Trenton, NJ 08611
(609) 396-1505

Association for the Advancement of Mental Health (AAMH)
145 Witherspoon Street
Princeton, NJ 08542
(609) 924-7174

N.J. Council of Organizations and Schools for Autistic Adults and Children (COSAC)
71 University Place
Princeton, NJ 08540
(609) 683-0140

Lutheran Social Services of New Jersey
P.O. Box 30
Trenton, NJ 08601
(609) 393-3440

Association for Retarded Citizens/Mercer County
600 New York Avenue
Trenton, NJ 08638
(609) 393-2483

Epilepsy Foundation of New Jersey
206 West State Street
Trenton, NJ 08618
(609) 392-4900

Middlesex County

Association for Retarded Citizens/Raritan Valley
1014 Livingston Avenue
North Brunswick, NJ 08902
(201) 846-2586

Middlesex Day Training Center
Avenel, NJ 07001
(201) 499-5035

Douglass Developmental Disabilities Center
Gibbons Campus—Douglass College
New Brunswick, NJ 08903
(201) 923-9137

Rutger's Medical School— Neurological Consultation Service
Busch Campus, Trailer #1
P.O. Box 101
Piscataway, NJ 08854
(201) 463-4197

Cerebral Palsy Association of Middlesex County
Roosevelt Park, Oak Drive
Edison, NJ 08837
(201) 549-5580

March of Dimes Birth Defects Foundation
6 Rt 130 & Half Acre Rd.
Cranbury, NJ 08512
(609) 655-5724

Monmouth County

Pathways, Inc.
85 Second Avenue
Long Branch, NJ 07740
(201) 222-5440

Association for Retarded Citizens/Monmouth County
630 Broad Street
Shrewsbury, NJ 07701
(201) 747-2928

Family Resource Associates
35 Haddon Avenue
Shrewsbury, NJ 07701
(201) 747-5310

Work Opportunity Center
395 Warburton Place
Long Branch, NJ 07740
(201) 229-4414

Early Intervention Program
c/o Swimming River School
Hance Avenue
Tinton Falls, NJ 07724
(201) 741-5220

United Cerebral Palsy of Monmouth County and Ocean County
75 Bath Avenue
Longbranch, NJ 07740
(201) 222-4564

Special Needs Infant Program
62 Leland Terrace
Tinton Falls, NJ 07724
(201) 544-9533

Easter Seals Society
Monmouth County Program
Lincroft NJ 07738
(201) 842-1900

Morris County

Association for Retarded Citizens/Morris County
P.O. Box 123
Morris Plains, NJ 07950
(201) 326-9750

Memorial Hospital Pediatric Rehabilitation Program
175 Madison Avenue
Mount Holly, NJ 08060
(609) 261-7040

Welkind Rehabilitation Hospital
Pleasant Hill Road
Chester, NJ 07930
(201) 584-8145

Occupational Training Center for the Handicapped
10 Ridgedale Avenue
Cedar Knolls, NJ 07927
(201) 538-8822

N.J. State Society for Autistic Children & Adults
99 Tony Drive
Succesunna, NJ 07876
(201) 584-1064

Involve N.J. Inc.
199 Pancoast Avenue
Morristown, NJ 08057
(201) 788-0599

Rehabilitation Center for the Handicapped
260 Tabor Road
Morris Plains, NJ 07950
(201) 539-5636

Ocean County

Search Day Program
73 Wickapecko Drive
Ocean, NJ 07712
(201) 531-0454

Association for Retarded Citizens/Ocean County
345 Chambers Bridge Road
Brick, NJ 08723
(201) 477-4321

Ocean County Occupational Center
166 Main Street
Lakewood, NJ 08701
(201) 363-6677

OCEAN Inc.
Head Start
40 Washington Street
Toms River, NJ 08754
(201) 244-5333

Passaic County

Passaic County Elks Cerebral Palsy Center
1481 Main Avenue
Clifton, NJ 07011
(201) 772-2600

Passaic County Center
NJARC Child Center
549 Broadway
Paterson, NJ 07514
(201) 523-3605

Salem County

Association for Retarded Citizens/Salem County
P.O. Box 5
Salem, NJ 08079
(609) 935-3600

Somerset County

Association for Retarded Citizens/Somerset County
203 South Main Street
P.O. Box 382
Manville, NJ 08835
(201) 735-6544

Association for the Advancement of the Mentally Handicapped (AAMH)
217 West Main Street
Somerville, NJ 08876
(201) 685-1444

The Rock Brook School
Blawenburg, NJ 08504
(609) 466-2989

Sussex County

Association for Retarded Citizens/Sussex County
39 Newton-Sparta Road
Newton, NJ 07860
(201) 383-7442

Union County

Association for Retarded Citizens/Union County
1220 South Avenue
Plainfield, NJ 07067
(201) 754-5910

Union County Society for the Handicapped
108 Eastman Street
Cranford, NJ 07016
(201) 241-3515

Association for Advancement of the Mentally Handicapped (AAMH)
60 Prince Street
Elizabeth, NJ 07208
(201) 354-3040

Union County Day Training
1524 Terrill Road
Scotch Plains, NJ 07076
(201) 322-1641

Association for Retarded Citizens/Union County
Skill Development Center
122 E. Westfield Avenue
Roselle Park, NJ 07204
(201) 245-1100

Warren County

Abilities of Northwest Jersey, Inc.
255 E. Washington P.O. 251
Washington, NJ 07882
(201) 689-1118

Association for Retarded Citizens/Warren County
5 Midtown Plaza
P.O. Box 42
Washington, NJ 07882
(201) 689-3244